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## FLORIDA LIMITED LIABILITY CO. CARRILLO LANDSCAPING GROUP, LLC

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Corporate Filing Menu

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N CULLIGAN

MAR 20 2018

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:					
(Must cent;	CAPING GROUP, LLe		.L.C.," or "LLC.")	<u></u>		
ARTICLE II - Address: The mailing address and street ad	idress of the principal o	ffice of the Limited Lis	ability Company is:			
<u>Principa</u>	il Office Address:		Mailing Address:			
152 NW IST ST HOMESTEAD, FL 3	3030		VISTIST STEAD, FL 33030	<del></del>		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own.	Registered Agent, You	Signature: must designate an individual or	AC PART	18 HAR	
The name and the Florida street a	ddress of the registered	agent are:		-1-3	9 19	3 
	JUAN CARRILLO C	HALES		11.1		- ! - ***
		Name	<del></del>	**	AM 10:	: 1
	152 NW 1ST ST.			7	Ö	٠
	Florida street address	(P.O. Box NOT accept	otable)	출유	02	
	HOMESTEAD	FLORIDA	33030	i.e		
	City	State	Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hardly accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

MGR  R  II  H  (Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  ffective date is listed, the date must be specific and care of filing.)	UAN CARRILLO CHALES 52 NW IST ST  IOMESTEAD, FL 33030  ROSA DIAZ MARTIN 52 NW IST ST  IOMESTEAD, FL 33030  (OPTIONAL)  nnot be more than five business days prior to gr 9	
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If the date inserted in this block does not meet the applicament's effective date on the Department of State's rec	icable statutory filing requirements, this date will necords.	not be list
LE VI: Other provisions, if any,		
REQUIRED SIGNATURE:		
	Tam / n	
- sen der 11	Day 1	18 1
Signature of a member or an a	authorized representative of a member. ance with section 605.0203 (1) (b), Florida Statutes, submitted in a document to the Department of State ovided for in s.817.155, F.S.	HAR
Signature of a member or an a This document is executed in accorda I am aware that any false information constitutes a third degree felony as pro-	ance with section 695.0203 (1) (b). Florida Statutes, submitted in a document to the Department of State ovided for in s.817.155, F.S.	HAR 19
Signature of a member or an a This document is executed in accorda I am aware that any false information constitutes a third degree felony as pro-	submitted in a document to the Department of Statutes, submitted in a submitted in a submitted for in s.817.155, F.S.	HAR I