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	w Filing Section vision of Corporations	
SUBJECT:	WB TREE AND LANDSCAPING SERVICE	L. L. C
SUBJECT:	Name of Limited Liability Company	
The enclosed	d Articles of Organization and fee(s) are submitted for filing.	
Please return	n all correspondence concerning this matter to the following:	
	VI, LLIAM R. BAILEY Name of Person	
_	Name of Person	
L	NB TREE AND LANDS WING SERVICE	L. L. C
_	Firm/Company	
	1255 HUDSON WAY	
	Address	
	GRAND ISLAND, FL 32735 City/State and Zip Code	
_	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further info	formation concerning this matter, please call;	
WICLIA	Name of Person Area Code Daytime Telephone Number	
_	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	a check for the following amount:	
\$125.00 Filir	ing Fee S130,00 Filing Fee & S155,00 Filing Fee & S160,00 Filing Fee. Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	i)
	Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

WB TREE AND LANDS CAPING SERVICE L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.,"

ARTICLE II - Address:

一大小孩子的孩子, 小女子

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Princi</u>	oal	Office	Add	ress
	,,,,,	.,		

Mailing Address:

1255 HU	YAW MOZ6
GRAND	コリレクルり
FWNIDA	32735

12 55 HUDSEN	WAY
GRAND ZSLA	
FLURIDA 327	3.5

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

WILLIAM R, BAILEY

Name

1255 HUDSON WAY

Florida street address (P.O. Box NOT acceptable)

GRAND FSLAND FC 32735

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 hereby 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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, E.S.

(CONTINUED)

Malian Signature (REQUIRED)

ARTICLE IV-

Name and Address:

The name and address of each person authorized to manage and control the Limited Liability Company:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filling: may 1, 2018, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: It'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 603-0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)