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(Address)				
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MAY 1 7 2018 K. Brumbley

COVER LETTER

TO: New Filing Section Division of Corporation	s
SUBJECT: MOSSI	Name of Limited Liability Company
The enclosed Articles of Organiza	tion and fee(s) are submitted for filing.
Please return all correspondence c	oncerning this matter to the following:
- Gabrie	elle Watkins Mossi Name of Person
Mossi	Landscaping, LLC Firm/Company
9770	NO 404 Ave
	City/State and Zip Code Company C
For further information concerning	this matter, please call:
Cabrielle Write Name of Person	on Thoose Area Code Daytime Telephone Number
Enclosed is a check for the follow	ing amount:
	O Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address	· · · · · · · · · · · · · · · · · · ·
New Filing Secti Division of Cor	
P.O. Box 6327 Tallahassee, FL	Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:			
The name of the Limited Liability Company is:			
(Must contain the words "Limited Liability Company, "L.D.C.," or "LLC.")			
ARTICLE II - Address:			
The mailing address and street address of the principal office of the Limited Liability Company is:			
Principal Office Address: Mailing Address:			
9770 NW Wan Ave Chiefland Florida 32626			
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 another business entity with an active Florida registration.)	lor TALL	2018 KAY	
The name and the Florida street address of the registered agent are:	200 201	35	
Cabrielle Watking Mossi	A 53	11 1	_
		⇒ •	r
9770 DW 604 Ave	, 		7
Florida street address (P.O. Box <u>NOT</u> acceptable)	42 20,3 t	9	-
Chiefland Florida 32626	Opin V	61	

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

State

Zip

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

	Title: "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
. MGR	. MGR	Erich Thossi Jr
		Chiefland 1-1 Baleale
	AMBR	Joseph Massi
		100160× 153
	MGR	Caprielle Watkins Mossi
		Chiefiland Fi 32426
	(Use attachment if necessary)	
ARTI	CLE V: Effective date, if other than the date of filir	ng: (OPTIONAL)
	effective date is listed, the date must be specific a te of filing.)	and cannot be more than five business days prior to or 90 days after
		e applicable statutory filing requirements, this date will not be listed as
	ocument's effective date on the Department of Stat	
ARTI	CLE VI: Other provisions, if any.	

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

This document is executed in accordance with section 605.0203 (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.

Erich Thossi Jr
Typed or pfinded name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

REQUIRED SIGNATURE:

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)