Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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: (323)962-8600

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Email Address:	

FLORIDA LIMITED LIABILITY CO.

Mamas Sod & Landscaping, LLC

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Certificate of Status	0
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Estimated Charge	\$155.00

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	Registration Section Division of Corporations			
SUBJECT	Mamas Sod & Landscaping, LLC	:		
SUBJECT	Name of	Limited Liabil	ity Company	
The enclo	sed Articles of Organization and fee(s	s) are submitted	for filing.	
Please retu	urn all correspondence concerning thi	s matter to the	following:	
	Cheyenne Moselcy, Legalzoom.co	m, Inc.		ىة – نە
		Name of	Person	·
	Legalzoom.com, Inc.			
		Firm/Co	mpany	
	101 N. Brand Blvd., 10th Floor			် က မှ ————————————————————————————————————
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	Glendale, CA 91203			
	onlinefilings@Legalzoom.com	City/State ar	d Zip Code	
		used for future	annual report notification)	
For further	information concerning this matter, p	lease call:		
	Cheyenne Moseley	323	962-8600 ext. 7625	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.00 [Filing Fee \$130.00 Filing Fee Certificate of Status	certif	200 Filing Fee & S160.00 Filing Certificate of St all copy is enclosed) Certified Copy (additional copy is	atus &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallabasser, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mamas Sod & La (Must e	andscaping, LLC and with the words "Limited	Liability Company,	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal o	ffice of the Limited L	iability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
201 Castlekeeper	Place			
Valrico, FL 3359				_
ARTICLE III - Registered				
(The Limited Liability Comp	any cannot serve as its own	Registered Agent. Yo	ou must designate an individual or	
another business entity with	an active riortoa registratio	т.)		
The name and the Florida str	eet address of the registered	l agent are:		 .
	United States Corpor	ration Agents, Inc.		: •
		Name		
	13302 Winding Oak		_	:-:
	Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)	•
•	Tampa	Florida	33612	<u>-</u>
			フシュ	· · ·
	City	State	Zip	₹.
place designated in this certific further agree to comply with th	ed agent and to accept servi rate, I hereby accept the app re provisions of all statutes re	ice of process for the a ointment as registered clating to the proper a	nbove stated limited liability company logent and agree to act in this capac and complete performance of my duti	y at the
place designated in this certific further agree to comply with th	ed agent and to accept servi rate, I hereby accept the app re provisions of all statutes re	ice of process for the a ointment as registered clating to the proper a	nbove stated limited liability company Logent and agree to act in this capac	y at the
place designated in this certific further agree to comply with th	ed agent and to accept servi rate, I hereby accept the app re provisions of all statutes re	ice of process for the a ointment as registered clating to the proper a	nbove stated limited liability company logent and agree to act in this capac and complete performance of my duti	y at the
place designated in this certific further agree to comply with th	red agent and to accept servi cate, I hereby accept the app re provisions of all statutes re e abligations of my position	ice of process for the a cintment as registered elating to the proper a as registered agent as	nbove stated limited liability company logent and agree to act in this capac and complete performance of my duti provided for in Chapter 505, F.S	y at the
place designated in this certific further agree to comply with th	red agent and to accept servi cate, I hereby accept the app re provisions of all statutes re e abligations of my position	ice of process for the a cintment as registered elating to the proper a as registered agent as	above stated limited liability company logent and agree to act in this capacind complete performance of my dution provided for in Chapter 505, F.S	y at the

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

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than five business days	i prior to or 90 days s
y filing requirements, th	is date will not be list

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 \$.817.155, F.S.

Cheyenne Moseley, Legalzoom.com, Inc. 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)

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Attachment to

Articles of Organization for

Mamas Sod & Landscaping, LLC

Additional managers of the Limited Liability Company are:

Address Name of Managers **Bob Stlouis** 201 Castlekeeper Place, Valrico, FL 33594 Sophia Stlouis 201 Castlekeeper Place, Valrico, FL 33594 201 Castlekeeper Place, Valrico, FL 33594 Mariedaniel Stlouisbrantley