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SECRETARY OF STATE TALL ORIGINAL STATE

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COVER LETTER

	Filing Section tion of Corporations		
SUBJECT: _	Guerra's Lawr Name of Lir	n & Landscape mited Liability Company	
The enclosed a	Articles of Organization and fee(s) ar	re submitted for filing.	
Please return a	all correspondence concerning this ma	atter to the following:	
_	Glenn	Edward Guerra Name of Person	
_			
	110 N P2	Avillian Dr Address	
		Address	
_	Quincy:	F/ 3235 Dity/State and Zip Code	_
	6/2 nne Gueco	Ta 18 (a) Chard Char	2018 AUG -
	E-mail address: (to be used	I for future annual report notification)	<u>=</u> =
For further infor	rmation concerning this matter, please	e call: 여전 등	_ ר
_4	Alenn Luerra at (950 Ho5 - 2508 FS A Reca Code Daytime Telephone Number	
Enclosed is a c	check for the following amount:		
]\$125.00 Filing	g Fee \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed))
	Mailing Address New Filing Section	Street Address New Filing Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clitton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	y Company is:				
Guer	ra's Lawh	& Land	Scape LLC		
(Must conta ARTICLE II - Address:	nin the words "Limited Lial	bility Company, "L	.L.C.," or "LLC.")		
The mailing address and street ac	ldress of the principal offic	e of the Limited L	iability Company is:	•	
Principa	al Office Address:		Mailing Addres	<u>s</u> :	
- 10 N Quincy FI	Pavillion Dr 32351	<u> </u>	Same		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own Re	gistered Agent. Yo		zidual or	
The name and the Florida street a	address of the registered ag	ent are:	/		
		n F b	Werra		
	(C) N Da	lame	7.5		
	Florida street address (F	P.O. Box <u>NOT</u> acc	eptable)		
	Aringu	Fl	2 2351		
	City	State	Zip		
laving been named as registered a lace designated in this certificate, arther agree to comply with the pr m familiar with and accept the ob	I hereby accept the appoin ovisions of all statutes relat	iment as registered ting to the proper a	l agent and agree to act in nd complete performance	this capacity. I of my duties, and I	ara sa ji ar
	Ac Registere	ng E d Agent's Signatur	Laurra (REOURED)	2018 % &.L.!	
		CONTINUED)	· (mzgomzb)	AUG 16 PH 1: 50	
				ām o	

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

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

2018 AUG 16 PH 1: 50
SECRETARY OF STATE