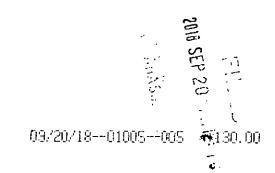
L1400022205

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Skylototosztph Hohe n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800318703578



18 SEP 20 PH 12: 01

COVER LETTER

TO: New Filing Section Division of Corporations					
SUBJECT:	ited Liability Company				
The enclosed Articles of Organization and fee(s) are	submitted for filing.				
Please return all correspondence concerning this mat	ter to the following:				
Kricardo	Conzález.				
•	Name of Person				
3028 Kobin	on OakDr				
/	Address				
Tarlahasse 7	- 6 32303-2431.				
City/State and Zip Code Roascia, Lawn Services amail. Com					
<i>i</i> H-mail address: (to be used t	or future annual report notification)				
For further information concerning this matter, please	call:				
Vainel Conzaltz at (772,3015069				
Name of Person Ar	ea Code Daytime Telephone Number				
Enclosed is a check for the following amount:					
\$125,00 Filing Fee S S130,00 Filing Fee S Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address	Street Address				
New Filing Section Division of Corporations	New Filing Section Division of Corporations				
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building				
ranana8800, FL 52514	2661 Executive Center Circle				

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

۸	RT	IC!	LE] -	Name:
---	----	-----	----	-----	-------

The name of the Limited Liability Company is:

Went Tally LLC
(Must contain the words Limited Liability Company, "L.L.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:

3028 Robinson Oak Dr.

Jahahassee Fl 32303-2431

Tahahasse Fl 32303-2431

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 file registered agent are;

3380 Fred George Ro Opt 61

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

Tallahassee FL 32303.

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

legistered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: Title: "AMBR" = Authorized Member "NGR" = Manager AMBR - Ricardo Gonzallez 3028 Robinson Oak Dr Talcanassee F132305 2431. M GR - Vainel Gonzallez 3380 Fred Godrege Ro Aptbl Totalassee F132305. (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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: If 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 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.

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)