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(Requestor's Name)
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COVER LETTER

TO:	New Filing Section Division of Corporations				
CLINI	P & A Wilson Landscaping Services, LLC				
SUBJI	Name of Limited Liability Company				
The en	osed Articles of Organization and fee(s) are submitted for filing.				
Please	turn all correspondence concerning this matter to the following:				
	Henry Wilson ,Jr				
	Name of Person				
	Firm/Company				
	401 E. 1st Street #611				
	Address	 			
	Sanford F1, 32771				
	City/State and Zip Code				
	pawlandscape7@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For furtl	information concerning this matter, please call:				
	Henry Wilson Jr 321 696-3827				
	Name of Person Area Code Daytime Telephone Number				
Enclos	is a check for the following amount:				
] \$125.0	Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) S160.00 Filing Fee & Certificate of Certificate of Certificate of Certificate of Certificate of Certified Copy (additional copy is enclosed)	ру			

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 Tallahassee, FL 32301





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2019

HENRY WILSON JR 401 E. 1ST STREET #611 SANFORD, FL 32721

SUBJECT: P & A WILSON LANDSCAPING SERVICE, LLC

Ref. Number: W19000026629

We have received your document for P & A WILSON LANDSCAPING SERVICE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Missing page (2) of the form. I am enclosing that page.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist II

Letter Number: 019A00005416

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Scaping Service, LLC	<u> </u>		
(Must cont.	ain the words "Limited	Liability Company, "L.	L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal	office of the Limited Lia	ability Company is:	
<u>Princip</u> :	al Office Address:		Mailing Address:	
401 E. 1st Street #61	1			
(7.1			
Sanford, Florida 327	<u>/ </u>			
ARTICLE III - Registered Age	ent, Registered Office			
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registrati	n Registered Agent, You on.)		-1
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registrati	n Registered Agent, You on.) ed agent are:		-1
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registrati	n Registered Agent, You on.)		19 HAR 27
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registrati	n Registered Agent, You on.) ed agent are: Henry Wilson Jr Name		19 HAR 27 AF
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registere	n Registered Agent, Youon.) d agent are: Henry Wilson Jr Name 401 E. 1st Street #611	ı must designate an individual	19 HAR 27 AF
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registere	n Registered Agent, You on.) ed agent are: Henry Wilson Jr Name	ı must designate an individual	19 HAR 27 AF
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	ent, Registered Office, cannot serve as its own active Florida registration address of the registere	n Registered Agent, Youon.) d agent are: Henry Wilson Jr Name 401 E. 1st Street #611	ı must designate an individual	19 HAR 27 AM

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..

Registered Agent's Signature (REOUIRED

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:		
"MGR" = Munager	Henry Wilson Jr. # 611 Sanford H 32771		
	19 MAR 27		
	M 9: 25		
(Use attachment if necessary)	3		
the date of filing.)	cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as		
ARTICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	along of a		
This document is execute I am aware that any false	nber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		

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)