1900003211

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





100328401581

04/24/19--01002--008 **125.00

FILED

2111 APR 23 PH 9: 30

21 REDNAY 147

TAP ARCES FOR TAR

ストににてくてて

19 APR 23 PH 4: 13

COVERLETTER

	ew Filing Section ivision of Corporations	
SUBJECT	: What Way Name of L	Landscape, Laws & Paperty Mantenace LL imited Liability Company
The unclose	ed Articles of Organization and fee(s) a	are submitted for filing.
Please retu	rn all correspondence concerning this r	matter to the following:
	tothony Tay	Name of Person
	1190 Petrick	(oad Address
-	Tallahasser. FL Wighthaylana B E-mail address: (to be use	City/State and Zip Code 2 yoloo on ed for future annual report notification)
For further i	nformation concerning this matter, plea	
	Taylor Weight at (Area Code Daytime Telephone Number
/	s a check for the following amount: iling Fee \$\begin{align*} \$130.00 \text{ Filing Fee & Certificate of Status} \end{align*}	S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	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 2601 Executive Center Circle Tallahasser, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	RT	ICI	LE	1 -	Na	m	ť	:
---	----	-----	----	-----	----	---	---	---

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C." or "L.L.C.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Staning Address:
311 12055 12002	1190 Petruk rock
11 1205 120-L Toll 12-150 FL . 32705	1190 Petruk rond Tulinhassu 122 32317

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 the registered agent are:

Name

Name

1190 Petrick (oat

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

Tallalessee FL 32317

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 agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRE)

(CONTINUED)

2818 APR 23 FH 9: 30

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Taylor Wy W
	Tallahassan PL 323/7
(Use attachment if necessary)	
CTICLE V: Effective date, if other than the data an effective date is listed, the date must be a date of filing.) ote: If the date inserted in this block does no	of meet the applicable statutory filing requirements, this date will not be listed
CTICLE V: Effective date, if other than the date an effective date is listed, the date must be a date of filing.) ote: If the date inserted in this block does not a document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a
CTICLE V: Effective date, if other than the date an effective date is listed, the date must be date of filing.) ote: If the date inserted in this block does not a document's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a
CTICLE V: Effective date, if other than the date an effective date is listed, the date must be e date of filing.) ote: If the date inserted in this block does not e document's effective date on the Departme	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a
RTICLE V: Effective date, if other than the date of filing.) ote: If the date inserted in this block does not e document's effective date on the Department of the Other provisions, if any. REQUIRED SIGNATURE	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed and of State's records.
RTICLE V: Effective date, if other than the date an effective date is listed, the date must be e date of filing.) ote: If the date inserted in this block does not e document's effective date on the Departme RTICLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert am aware that any file.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed a

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)

ARTICLE IV-