# L1900121891

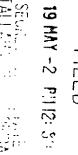
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Certified Copies	_ Certificates	of Status		
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## **COVER LETTER**

TO:	New Filing Section Division of Corporations
SUBJI	Loomis Landscaping LLC
ODI	Name of Limited Liability Company
The en	sclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Megan R. Murray
	Name of Person
	Loomis Landscaping
	Firm/Company
	5546 Wood Ridge Dr.
	Address
	Milton Fl 32570
	City/State and Zip Code
	loomislandscapes@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Megan R. Murray 850 572-3542 38-6878
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	Of Filing Fee \$\ \text{Certificate of Status} \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\subsetential S160.00 Filing Fee, Certified Copy (additional copy is

# Mailing Address

New Filing Section Division of Corporations P.O. Box 6327

## Street Address

New Filing Section
Division of Corporations
Clifton Building

ARTICLE I - Name: The name of the Limited Liabi	lity Company is:			
Loomis Landscapii	ng LLC			
(Must co	ntain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
5546 Wood Ridge Dr.		ee 47	Wood Didoo De	
5546 Wood Ridge	Dr.	3340	Wood Ridge Dr.	
Milton, FL 32570  ARTICLE III - Registered A	gent, Registered Office,	Milto	on, FL 32570 t's Signature:	
Milton, FL 32570  ARTICLE III - Registered A [The Limited Liability Comparanother business entity with an	gent, Registered Office, ny cannot serve as its own n active Florida registratio	Milto  & Registered Ager Registered Agent. ' n.)	on, FL 32570	T.A
Milton, FL 32570  ARTICLE III - Registered A The Limited Liability Companionother business entity with an	gent, Registered Office, ny cannot serve as its own n active Florida registratio	Milto  & Registered Ager Registered Agent. ' n.)	on, FL 32570 t's Signature:	T.A
Milton, FL 32570  ARTICLE III - Registered A The Limited Liability Companionother business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered	Milto  & Registered Ager Registered Agent. ' n.)	on, FL 32570 t's Signature:	T.A
Milton, FL 32570  ARTICLE III - Registered A [The Limited Liability Comparanother business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration address of the registered	& Registered Agent. ' Registered Agent. ' n.) agent are: Name	on, FL 32570 t's Signature:	T.A
Milton, FL 32570  ARTICLE III - Registered A	gent, Registered Office, my cannot serve as its own active Florida registration at address of the registered Megan R. Murray	Milto & Registered Agent. Son.) agent are: Name	t's Signature: You must designate an individual or	T.A
Milton, FL 32570  ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	gent, Registered Office, ny cannot serve as its own active Florida registration address of the registered Megan R. Murray	Milto & Registered Agent. Son.) agent are: Name	t's Signature: You must designate an individual or	19 HAY -2 PH 12: 5

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 (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Megan R. Murray
	5546 Wood Ridge Dr.
	Milton, F1 32570
	<u> </u>
(Use attachment if necessary)	

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

ARTICLE IV-

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:

(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

Signature of a member of 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.

Megan R. Murray

Typed or printed name of signee

ARTICLE V: Effective date, if other than the date of filing: