

# L19000146889

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SUPERBIZ.COM, INC.  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
DAVIS LANDSCAPING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2019 JUN 11 PM 4:13

19 JUN 11 PM 5:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4.19000183966.3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is:

DAVIS LANDSCAPING LLC

**ARTICLE II ADDRESS**

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

5301 NORWOOD AVENUE

JACKSONVILLE, FLORIDA 32208

**ARTICLE III REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

ELEANOR M DAVIS

5301 NORWOOD AVENUE

JACKSONVILLE, FLORIDA 32208

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TALLAHASSEE, FLORIDA

L.L.C.D

*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.*

X /s/ Eleanor Marie Davis

ELEANOR M DAVIS / Registered Agent's signature

PAGE 2 DAVIS LANDSCAPING LLC

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**ARTICLE IV AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER

ELEANOR M DAVIS

5301 NORWOOD AVENUE

JACKSONVILLE, FLORIDA 32208

.....  
X /s/ Eleanor Marie Davis

ELEANOR M DAVIS / Authorized Representative's signature

*(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)*