

L19000195847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

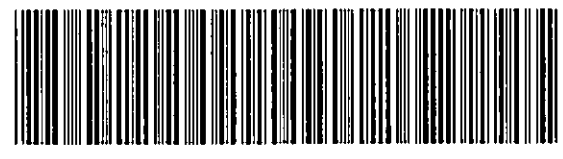
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300332959543

19 AUG -8 PM 2:28

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG -8 AM 10:48

FILED

AUG 09 2019

Brumley

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 8/8/19

NAME: FLOWERS TREE SERVICE LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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

ARTICLE I NAME

The name of the Limited Liability Company is:

FLOWERS TREE SERVICE LLC

ARTICLE II ADDRESS

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

3017 AIRPORT ROAD
CRESTVIEW, FLORIDA 32539

ARTICLE III REGISTERED AGENT

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

A1A REGISTERED AGENT INC.
5647 110TH AVENUE N
ROYAL PALM BEACH, FLORIDA 33411

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/ Tina Maki

TINA MAKI / Registered Agent's signature

FILED
2019 AUG -8 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
JONATHAN FLOWERS
3017 AIRPORT ROAD
CRESTVIEW, FLORIDA 32539

X /s/ Jonathan Flowers
JONATHAN FLOWERS / 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.)