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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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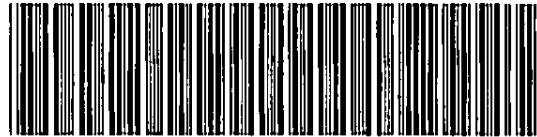
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 MAY 20 PM 4:32
TALLAHASSEE, FLORIDA

Ljk
5/29/2020

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: FLORIDA PALMS LANDSCAPE AND TREE SERVICE LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW WISEMAN

Name of Person

FLORIDA PALMS LANDSCAPE AND TREE SERVICE LLC.

Firm/Company

2455 LARKSPUR AVENUE

Address

MIDDLEBURG, FLORIDA 32068

City/State and Zip Code

SHUFF1232@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHARON HUFFSTICKLER 904 674-9475
Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
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
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA PALMS LANDSCAPE AND TREE SERVICE LLC

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

ARTICLE II - Address:

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

Principal Office Address:

2455 LARKSPUR AVENUE
MIDDLEBURG, FLORIDA 32068

Mailing Address:

2455 LARKSPUR AVENUE
MIDDLEBURG, FLORIDA 32068

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:

ANDREW WISEMAN

Name

2455 LARKSPUR AVENUE

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

MIDDLEBURG

City

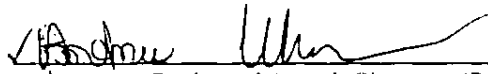
FLORIDA

State

32068

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 (REQUIRED)

(CONTINUED)

FILED
2020 MAY 20 PM 4:32
JESSIE A. WILSON
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

ANDREW WISEMAN
2455 LARKSPUR AVENUE
MIDDLEBURG, FLORIDA 32068

MGR

KAYLA WISEMAN
2455 LARKSPUR AVENUE
MIDDLEBURG, FLORIDA 32068

(Use attachment if necessary)

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2028 MAY 20 PM 4:32
FLORIDA SECRETARY OF STATE

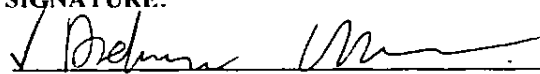
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 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:



Signature of a member or 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.

Andrew Wiseman

Typed or printed name of signee

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)

ANDREW WISEMAN
2455 LARKSPUR AVENUE
MIDDLEBURG, FLORIDA 32068
904-318-6371

COVER LETTER FOR FLORIDA PALMS LANDSCAPE
AND TREE SERVICE LLC.

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