## L20000304208

(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:
1:00 Pick up
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Office Use Only



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*i	
TÖ:	New Filing Section
	Division of Corporation:

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

Please return all correspondence concerning this matter to the following:

Anteuain Wratt
Name of Person
•
WYatt Home 3 Lawn Services
Firm/Company
5355 Shady rest rd.
Address
Havana Fl 32333
City/State and Zip Code
Anteuain myatt a gal. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

□\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

FIED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 OCT -6 AM 8: 52

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE TALLAHASSEE, FL

WYatt Itaine 3 Laun Services 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:	Mailing Address:
5355 Shady rest rd.	5355 Shade rest id.
Havara F/ 32333	Havena Fl 32331

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:

Anteurin	invatt				
<del> </del>	Name				
5355 Sha	dy rest co	/			
Florida street address (P.O. Box NOT acceptable)					
Havina	Fl	32333			
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..

Anteusis Lotton
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
AMBR	Brendon Goratt 5484 Dover rd	
	Havana Kl 3 A 302	
AMBR	Anteuan wett 5755 Shed feet ad Haring (61 223)	10CT -6
		₩ Ç <b>&gt;&gt;</b>
<del></del>		AM 8: 52  OF STATI SEE FL
		<u> </u>
(Use attachment if necessary)		
the date of filing.)	date of filing: (O e specific and cannot be more than five business da not meet the applicable statutory filing requirements, nent of State's records.	
ARTICLE VI: Other provisions, if any.		
REOUIRED SIGNATURE:		
anteur	in typit	<del></del>
This document is ex I am aware that any	a member or an authorized representative of a makecuted in accordance with section 605.0203 (1) (b), false information submitted in a document to the Degegree felony as provided for in s.817.155, F.S.	Florida Statutes.
	Anteuain Lycth 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)