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PICK-UP WAIT MAIL				
(Business Entity Name)				
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P.O. Box 6327

Tallahassee, FL 32314

IO: N	vision of Corporations			
SUBJECT	MARTIN SALDANA LANDSCAPIN	NG DESIGN	AND MOWING	
SUBJECT	Name of Lin	nited Liabilit	y Company	
The enclose	ed Articles of Organization and fee(s) are	e submitted !	for filing.	
Please retu	rn all correspondence concerning this ma	itter to the fo	ollowing:	
	MARTIN SALDANA			
		Name of	Person	
		Firn/Co	mpany	
	7407 COON RD			· · · · · · · · · · · · · · · · · · ·
		Addre	ess	
	NORTH FORT MYERS, FL 33917			
	ULTADS@AOL.COM	City/State and	d Zip Code	
	E-mail address: (to be used	for future a	nnual report notification	n)
For further i	information concerning this matter, pleas	e call:		
	MARTIN SALDANA 2 at (_	39	6452929	
			Daytime Telephone	Number
Enclosed i	is a check for the following amount:			
□\$125.0	0 Filing Fee ☐\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations		Street Address New Filing Section Div The Centre of Tallaha	_

င်္ 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
MARTIN SALDANA LANDSCAPING DESIGN AND MOWING 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:				
7407 COON RD						
NORTH FORT MYER	RS 33917					
	ř.					
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:						
	MARTIN SALDANA					
	Name					
	7407 COON RD					
	Florida street address (P.O. Bo	x <u>NOT</u> acceptable)				

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..

State

NORTH MYERS, FL 33917

City

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	MARY SALDANA
MGR	
	KRYSTAL SALDANA
(Use attachment if necessary)	
(If an effective date is listed, the date must the date of filing.)	to date of filing: 7/23/2020 (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days after inot meet the applicable statutory filing requirements, this date will not be listed a ment of State's records.
ARTICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE: Signature of This document is a	f a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that an	y false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
MARTIN S	ALDANA Typed or printed name of signee
	t yped 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)

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