# 210004961

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417 E. Virginia Street, Suite	NECTION, INC. 21 • Tallahassee, Florida 32301 242-8062 • Fax (850) 222-1222	
LUE LANDSCAPE,	LLC	
		Art of Inc. File
		LTD Partnership File Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
-		Vehicle Search
		Driving Record
Requested by: SETH		UCC 1 or 3 File
	Date Time	UCC 11 Search
Name		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

# COVER LETTER

TO:	New Filing Section
	Division of Corporations

BLUE LANDSCAPE, LLC

SUBJECT:

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:

JESSICA MOLINA

Name of Person

TIBER SERVICES, LLC

Firm/Company

2434 HOLLYWOOD BLVD 2ND FL

Address

HOLLYWOOD, FL 33020

City/State and Zip Code

CLIENTS@TIBERSERVICES.COM

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

For further information concerning this matter, please call:

JESSICA MOLINA	954	7444051
	at (	)
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

□S125.00 Filing Fee

□\$130.00 Filing Fee & □\$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

Certificate of Status

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

### BLUE LANDSCAPE, 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:

2434 HOLLYWOOD BLVD 2ND FL HOLLYWOOD FL 33020 2434 HOLLYWOOD BLVD 2ND FL HOLLYWOOD, FL 33020

# 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:

 TIBER SERVICES, LLC

 Name

 2434 HOLLYWOOD BLVD 2ND FL

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

 HOLLYWOOD FL

 Gity

 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## ARTICLE IV-

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

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<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager			
MGR	TIBER SERVICES. LLC 2434 HOLLYWOOD BLVD 2ND FL HOLLYWOOD, FL 33020		
(Use attachment if necessary)			

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.

REOUIRED SIGNATURE:	Jho.		
Signatur	of a member or an authorized	representative of a membe	r.
I am aware that	is executed in accordance with se any false information submitted in rd degree felony as provided for i	n a document to the Departm	da Statutes. ent of State
JESSIC	MOLINA		
<u></u>	Typed or printed name	of signee	-
	Filing Fees:		
\$125.00 Filing Fee for Articl	es of Organization and Designa	tion of Registered Agent	
\$ 30.00 Certified Copy (Op			20
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