

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

RESUBMI

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MARGEWAUGH@GMAIL.COM

FLORIDA LIMITED LIABILITY CO. SUPERIOR LANDSCAPING DESIGNS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

FIRST CARIBBEAN

LAWN SERVIÇES LLC

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Corporate Filing Menu

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Division of Corporations

April 1, 2021

EUBCO

04/07/2021 7:40 AM

SUBJECT: SUPERIOR LANDSCAPING DESIGNS LLC

REF: W21000043623

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P02000008077.

The capacity of the person signing on behalf of the corporation must be indicated beneath or opposite their signature.

H21000129849

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	ICLE	I - N	ame
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The name of the Limited Liability Company is:

FIRST CARIBBEAN LAWN SERVICES LLC

(Must end with 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:

7471 NW 37TH STREET 7471 NW 37TH STREET LAUDERHILL, FL 33319 LAUDERHILL, FL 33319

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:

RENEL OTALUS

Name

7471 NW 37TH STREET

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

LAUDERHILL FL 33319

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)

RENEL OTALUS

(CONTINUED)

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FILED SECRETARY OF STATE VEHCH OF CORPORATIONS

Title:	Name and Address:
"AMBR" = Authorized Membe	r
"MGR" = Manager AMBR	RENEL OTALUS
	3467 NW 37TH STREET
	LAUDERDALE LAKES, FL 33309
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(Use attachment if necessary)	a the data of filians (ODTIVALA)
CLE V: Effective date, if other tha	n the date of filing:
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CLE V: Effective date, if other tha effective date is listed, the date in te of filing.) CLE VI: Other provisions, if any, REQUIRED SIGNATURE:	ust be specific and cannot be more than five business days prior to or 90
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CLE V: Effective date, if other that effective date is listed, the date in the of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with constitutes an affirm I am aware that ar	Ust be specific and cannot be more than five business days prior to or 90. Compared to the specific and cannot be more than five business days prior to or 90. Compared to the specific and cannot be more than five business days prior to or 90.
CLE V: Effective date, if other that effective date is listed, the date in the of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signatur (In accordance with constitutes an affirm I am aware that ar	e of a member or an authorized representative of a member. a section 605.0203 (1) (b), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true, by false information submitted in a document to the Department of State

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