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| (Requestor's Name) |
|---|
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| , |
| (Address) |
| (City/State/Zip/Phone #) |
| (Only) States Elph Hone #) |
| PICK-UP WAIT MAIL |
| (Duning Fatik Nama) |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| | iling Section on of Corporations | | |
|--------------------|--|---|---|
| SUBJECT: T | Fish's Lawn +1 Name of Lin | and Scaping | |
| The enclosed A | rticles of Organization and fee(s) are | submitted for filing. | |
| Please return all | correspondence concerning this ma | tter to the following: | 5 11 |
| | Scott M | . Fish | |
| | | Name of Person | |
| _ 0 | Fish's Lawn + | Landscaping Firm/Company | 3 LLC |
| <u> </u> | 338 Meadow | Lane | |
| | | Address | |
| F | ort Walton Be | each, FL 3 | 2547 |
| | fishscott95 | ty/State and Zip Code | 1 |
| | | for future annual report notificati | ·—— |
| For further inforn | uation concerning this matter, please | call: | |
| 50 | Name of Person at (& Ar | 250) 543 – S ea Code Daytime Telephon | |
| Enclosed is a ch | eck for the following amount: | | |
| ⊒\$125.00 Fitin | g Fee \$\frac{\text{\$\sqrt{\ext{\$\sqrt{\text{\$\sqrt{\text{\$\sqrt{\ext{\$\sqrt{\text{\$\sqrt{\sqrt{\ext{\$\sqrt{\ext{\$\sqrt{\ext{\$\sqrt{\ext{\$\sqrt{\ext{\$\sqrt{\$\sqrt{\ext{\$\sqrt{\ext{\$\sqrt{\$\sqrt{\ext{\$\sqrt{\$\sqrt{\ext{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\ext{\$\sqrt{\$\sqrt{\$\sqrt{\ext{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\ext{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\ext{\$\sqrt{\$\exitit{\$\sqrt{\$\sq}}}}}}}}}}} \end{\sqrt{\sqrt{\$\sq}}}}}}}}}} \end{\sqnt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} \end{\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sqrt{\$\sq}}}}}}}}} \sqrt{\$\sqrt{\$\sqrt{\$\sqrt | ☐\$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 | Street Address | |
| | New Filing Section Division of Corporations | New Filing Section Di The Centre of Tallaha | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | F | T | | | 1 | • | | | | | | | |
|---|---|---|---|---|---|----|---|---|----|---|---|---|---|
| А | к | ı | ľ | € | ţ | Æ. | ı | - | i, | ü | m | ť | : |

The name of the Limited Liability Company is:

Must contain the words "Limited Liability Company. "L.E.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: |
|---------------------------|----------------------------------|
| 838 Meadow Lane | 33547 Fort Walton Beach 1232547 |
| Fort water Beach, FL | 3354 Fort Walton Beach, FL 32541 |

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:

Scott M. Fish

Name

838 Meadow Lane

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

Fort Walton Beach, FL 3254F

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| Title: "AMBR" = Authorized Member "MGR" = Manager | Same and Address: Scott N. F. Sh. 838 Meadow Lanes, 2000 |
|---|---|
| | HUTTURITZA ISCACIA PL SOST (|
| | |
| | |
| (Use attachment if necessary) | |
| (If an effective date is listed, the date must be a the date of filing.) | the of filing: |
| ARTICLE VI: Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | Lish |
| This document is exec I am aware that any fal | permber or an authorized representative of a member. Suited in accordance with section 605.0203 (1) (b), Florida Statutes, like information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S. |
| | Typed or printed name of signee |

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

Filing Fees;
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)