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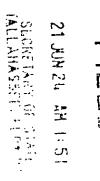
(Requestor's Name)
(Address)
(Address)
(13.10.1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(
(Occupant Number)
(Document Number)
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Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: New Filing Se Division of Co			
	LANDSCAPE LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
ISMAEL E	STEBAN CASTANEDA		
-		Name of Person	
C Galet	N LAMBSCAPE	<i>Li</i> C	
		Firm/Company	
11471 TAN	GERINE DR		
		Address	
BONITA S	PRINGS FL 34135-5938		
ISMAELCG	Ci REEN@GMAIL.COM	ity/State and Zip Code	
		for future annual report notifical	ion)
or further information co	oncerning this matter, please	call:	_
ISMAEL ES		9 440 1745	21 x SECR FALLA
Nan		rea Code Daytime Telephor	SEGRETARY 21
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)
-	ig Address	Street Address New Filing Section D	livisian

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

CGREEN LAND					
(Must c	ontain the words "Limited Li	ability Company	, "L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and street	et address of the principal offi	ice of the Limite	d Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Address:		
11471 TANGERI	NE DR		BOX 367561		
BONITA SPRIN	GS F1. 34135	<u>BO</u>	NITA SPRINGS FL 34136		
(The Limited Liability Comp another business entity with	an active Florida registration.	legistered Agent. .)	ent's Signature: . You must designate an individu	ial or	
The name and the Florida str	ect address of the registered a	igent are:			
	ISMAEL ESTEBAN C				
	ì	Name			
	12118 MAIDEN LN				
	Florida street address ((P.O. Box <u>XOT</u>)	acceptable)		
	BONITA SPRINGS	FL	34135		
	City	State	Zip		
place designated in this certific further agree to comply with th	ate, I hereby accept the appoint of all statutes related to the statutes of all statutes related to the statutes of the position as the statutes of the statut	inment as registerating to the proper segistered agent	ne above stated limited liability corred agent and agree to act in this or and complete performance of not as provided for in Chapter 605. A S da Lue Cature (REQUIRED)	s capacity. I ny duties, and I F.S.,	
		(CONTINUED))	. 21 JUN 21; AM 1:5 SEGRETARY OF STAN FALLAHASSEE, 210x	7

Title: "AMBR" = Au "MGR" = Mana	horized Member ager	Name and Address:
MGR		ISMAEL ESTEBAN CASTANEDA 12118 MAIDEN LN BONITA SPRINGS FL 34135
		
(Use attachmen	Jate, if other than the	date of filing: 06/20/2021 (OPTIONAL)
LE V: Effective of filter is list of filing.) If the date inserte	Jate, if other than the ted, the date must h	t date of filing: 06/20/2021 (OPTIONAL) be specific and cannot be more than five business days prior to or filing requirements, this date will rement of State's records.
TLE V: Effective of filing.) If the date inserte tument's effective	Jate, if other than the sted, the date must he d in this block does date on the Departrisions, if any.	be specific and cannot be more than five husiness days prior to or the not meet the applicable statutory filing requirements, this date will r
TLE V: Effective of filing.) If the date inserte tument's effective of the filing.	Jate, if other than the sted, the date must he d in this block does a date on the Departrayisions, if any.	be specific and cannot be more than five business days prior to or to not meet the applicable statutory filing requirements, this date will rement of State's records.
LE V: Effective of filing.) If the date inserte tument's effective of the filing.	Jate, if other than the sted, the date must he date must he date on the Departrice visions, if any. Signature of This document is c. I am aware that any	be specific and cannot be more than five business days prior to or to not meet the applicable statutory filing requirements, this date will rement of State's records.

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)