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TALLAHASSEE
RECEIVED

COVER LETTER

TO: New Filing Section
        Division of Corporations

SUBJECT: _Reliable Tree & Landscape Solutions L.L.C_
         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:

Antonio Giddens
Name of Person

_____
Firm/Company

1228 Mccaskill Ave
Address

Tall Florida 32310
City/State and Zip Code

Reliable Tree 2020 @ gmail . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Giddens _850_ , _210 8410_
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐$125.00 Filing Fee   ☐$130.00 Filing Fee &   ☐$155.00 Filing Fee &   ☐$160.00 Filing Fee,
                        Certificate of Status   Certified Copy   Certificate of Status &
                                                  (additional copy is enclosed) Certified Copy
                                                                               (additional copy is enclosed)

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

I, Antonio Giddens will not revoke or reinstate Reliable Tree &
Landscape Solutions LLC , Document number L20000029577
and I release the name for use.

Antonio Giddens

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Reliable Tree & Landscape SoluTions 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:
1228 MccaSkill Ave	SAMe
TAllahassee , FLA, 32310	

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:

AnTonio Giddens

Name

1228 MccaSkill Ave

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

TAll	fLA	32310
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.

Antonio Giddens

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

A M B R

Name and Address:

Antonio Giddens
1238 McCaskill Ave
Tallahassee, Fla. 32310

(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.

_____

REQUIRED SIGNATURE:

Antonio Giddens

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Antonio Giddens

Typed 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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