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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

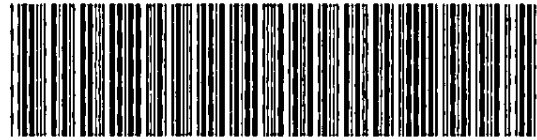
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/23/22--01016--008 **160.00

Signature
6/14/22

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Nursery Landscape Two Friends LLC
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:

Pedro Espinoza Gomez

Name of Person

Nursery Landscape Two Friends LLC

Firm/Company

10205 40TH Ave. East

Address

Palmetto FL 34221

City/State and Zip Code

Lulise393@icloud.com

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

For further information concerning this matter, please call:

Luis Espinoza

941

5189904

at ()

Name of Person

Area Code

Daytime Telephone Number

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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nursery Landscape Two Friends

(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:

10205 40TH Ave. East

Palmetto, FL 34221

Mailing Address:

10205 40TH Ave. East

Palmetto, FL 34221

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:

Carlos D Turner

Name

1607 Bondurant way

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

Brandon

FL

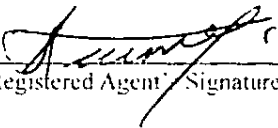
33511

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 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

MGR

Name and Address:

Pedro Espinoza
10205 40TH Ave. E
Palmetto, FL 34221

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.

N/A

REQUIRED SIGNATURE:

Pedro Espinoza

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.

Pedro Espinoza Gomez

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)

CHISHOLM | LAW FIRM™

Todd Mason, Esquire
Telephone: 407.674.2657
ToddMason@ChisholmFirm.com

37 N. Orange Ave., Suite 500
Orlando, Florida 32801
www.ChisholmFirm.com

May 17, 2022

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

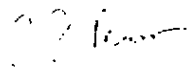
Subject: Articles of Incorporation

To Whom It May Concern:

Enclosed please find the original Articles of Incorporation ("Articles") along with trust account check no.761580835 made payable to the Florida Department of State in the amount of \$70 in order to defray your filing fee for the Articles of Incorporation filed on behalf of Anevil Foundation, Inc.

If you should have any questions, please feel free to contact me at 407.674.2657.

Sincerely,



Todd Mason, Esq.

Enclosures Articles of Incorporation (original)
 Trust Account Check