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SECRETARY OF STATE

jul :

COVER LETTER

SUBJECT: A. ROLNEY + SUNS TYPE SERVICE Some 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.
Anthony Rodney Name of Person
1. Rodney & Sons Tree Service
1332 Avun Lane # 197
north tanderdale Fl. 3306 8
Anthony Rodney and Zip Code Anthony Rodney and Zip Code E-mail address (to be used for future application)
For further information concerning this matter, please call:
HNTHONG Podned (99), 200 056/ 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 (additional copy is enclosed) □\$155.00 Filing Fee & □\$160.00 Filing Fee. Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section

Division of Corporations

TO:

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

The name of the Limited Liability Con	ipany is:	
A Podne	12 Can Troo	Service LLC!
11. Koane	1 1 3017 1166	SETVICE CLC
(Must contain the	words "Limited Liability Comp	any, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u> Mailing Address</u> :
1332 Avon Long # 17 (2005	- 1332 Avon Lane#17
MORTO Ciuderale From	north laudedula
	12 230h
	7500-0

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:

ANTHONY RODNEY

1332 AUDN LANGH 17

Florida street address (P.O. Box SOT acceptable)

NORTH LANGER AUR F1 33068

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)

SECRETARY OF STATE

ARTICLE IV-

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

Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of tiling (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 fitting 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: 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.

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)