

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 Phone : (941)625-1925 Fax Number : (941)625-1526

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

codycstrand@aol.com Email Address:

FLORIDA LIMITED LIABILITY CO.

CoastLine Lawn Care & Services LLC

Certificate of Status	0
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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		AWN CARE & SERV	
(Musi co	ntain the words "Limited Lia	ibility Company, "L.L.	C.," or "LLC.")
ARTICLE II - Address: The mailing address and street	address of the principal offic	ce of the Limited Liabi	lity Company is:
Prins	cipal Office Address:		Mailing Address:
1163 HUN	TINGTON ST	116	3 HUNTINGTON ST
NORTH P	ORT, FL 34288		RTH PORT, FL 34288
ARTICLE III - Registered A The Limited Liability Compa mother business entity with a	gent, Registered Office, & ny cannot serve as its own Ren active Florida registration.)	Registered Agent's Si egistered Agent, You n	gnature:
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ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	gent, Registered Office, & ny cannot serve as its own Ren active Florida registration.) et address of the registered ag	Registered Agent's Si egistered Agent. You n gent are: CODY STRAND Name	gnature: nust designate an individual or

(CONTINUED)

Registered Agent's Signature (REQUIRED)

"MGR" = Manager AMBR CODY STRAND 1163 HUNTINGTON ST NORTH PORT, FL 34288 (Use attachment if necessary) LEEV: Effective date, if other than the date of filing: (GPTIONAL) (GPTIONAL) (Gettive date is bisted, the date must be specific and cannot be more than five business days prior to or 90 days the date of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list unnent's effective date on the Department of State's records. (LE VI: Other provisions, if any. AND ALL LAWFUL BUSINESS REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 1 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. CODY STRAND Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	<u>Title;</u> "AMBR" = Authori	zed Member	Name and Address:	
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