

10/10/2022 1:29 PM L22000434873 Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000347352 3)))



H220003473523ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516)935-3940  
Fax Number : (516)935-3088

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

Email Address: MATTHEWIS86@ME.COM

FLORIDA LIMITED LIABILITY CO.  
All About Trees of Polk County LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2022 OCT 10 PM 1:37

22 OCT 10 PM 12:35  
POLK COUNTY, FLORIDA[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

All About Trees of Polk County LLC

(Must end with 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:428 Bigstaff Court  
Winter Haven, FL 33884428 Bigstaff Court  
Winter Haven, FL 33884

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Matt Lewis

Name

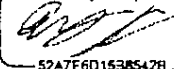
428 Bigstaff CourtFlorida street address (P.O. Box NOT acceptable)Winter Haven FL 33884

City

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..*

Designated by:



Registered Agent's Signature (REQUIRED)

Matt Lewis

(CONTINUED)

Page 1 of 2

22 OCT 10 PM 12:35  
RECEIVED  
FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H22000347352

**ARTICLE IV.**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**AMBR**

**Name and Address:**

**Matt Lewis**

428 Bigstaff Court

Winter Haven, FL 33884

(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.)

**ARTICLE VI: Other provisions, if any.**

**REQUIRED SIGNATURE:**

- DocuSigned by:

-52A7E5D1538642B..

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

**Matt Lewis**

Typed or printed name of signee

22 OCT 10 PM 12:35

H22000347352