L2300090977

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status
pecial Instructions to Filing Officer;





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Catrolo's Landscaping, 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:
Jimmy Quijada Name of Person
Firit/Company
76 Choctaw Road
Crawfordy He, FL, 32327 City/State and Zip Code Jimmy quijada 11 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Timmy Quijada at (850) 405-6171 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125 00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) □S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section New Filing Section Division

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Carmalo's Landscaping, 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:
76 Chictan Road Crawfordylle, FL 32327	Same
[] autory, 111, 12. 3232]	

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:

Timmy Quijada

Name

74 Choctaw Road

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

Crawfordville FL. 32327

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 surther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I amiliar 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)

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

<u>Title:</u>	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager			
AMBR	Jimmy Quijada		
	The Chactan Rd.	 	
	Crawfordville, FL. 32327		
	1		
			
(Use attachment if necessary)			
document's effective date on the Department o	eet the applicable statutory filing requirements, this da if State's records.	te will not	be listed as
TICLE VI: Other provisions, if any.			
			
REQUIRED SIGNATURE:			
	mber or an authorized representative of a member.		
Signature-offa Their	ed in accordance with section 605.0203 (1) (b), Florida	Stanites	
Lam aware that any false	information submitted in a document to the Departmen	nt of State	
constitutes a third degree	felony as provided for in s.817.155, F.S.		
-1 , ∞	u Wujada		
	<u> </u>		
	y Quijada Typed or printed name of signee		
	Filing Fees:		
· \$125.00 Filing Fee for Articles of Org		∑.	202
	Filing Fees: anization and Designation of Registered Agent	A.	2023 1

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