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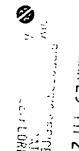
(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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S. CHATHAM



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COVER LETTER TO: **New Filing Section** Division of Corporations Z and M Landscaping + General Maintance 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: Firm/Company 2753 Shakeville Rol

Address

Crawfordville FL 32327

City/State and Zip Code Milezanco //210 gma, /, com

E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call-Michael Zanco at (850) 363-1805

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□S125.00 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

Street Address
New Filing Section Division
The Centre of Tallahassee

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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be name of the Limited Liability Company is:

Z and M Landscaping and General Maintenance LLC
(Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")

Mailing Address:

## .RTICLE H - Address:

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

Principal Office Address:

2753 Shadeville Rd Same Crawford ville FL 32327			
RTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The Limited Liability Company cannot serve as its own Registered Agent. You must designate an indi- tother business entity with an active Florida registration.)	vidual or		
e name and the Florida street address of the registered agent are:  Michae / Zarico	SEORE A	2023 HAR	*****
2753 Shadeville Rd		29 PM	
Florida street address (P.O. Box <u>NOT</u> acceptable)  Craw Ford ville FL 32327  City State Zip	EFRE	3: 50	

'. ving been named as registered agent and to accept service of process for the above stated limited liability company at the configurated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. I thereby accept the appointment as registered agent and agree to act in this capacity. I therefore to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I samiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agen's Signature (REOLIRED)

CONTINUEDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager  AMBR	Michael Zanco 2055 Shadeville Rd Crawfredville FL 32327		
<i>M6'R</i>	Lewis METURIA 115 SIONX TIL Crawfordville FL 32327		
<del></del>		2023 MAR	e :
		2023 MAR 29 PM 3: 5	ff
(Use attachment if necessary)		3: 50	**
If an effective date is listed, the date must be s be date of filing.)	te of filing:	Ť	
REQUIRED SIGNATURE:	H-L		
This document is exec I am aware that any fal constitutes a third degr	number or an authorized representative of a member, ruted in accordance with section 605.0203 (1) (b). Florida Statutes, see information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.		
<i>N</i> .	Typed or printed name of signee		

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

ARTICLE IV-