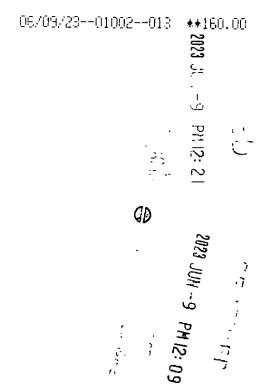
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	(Requestor's Name)	
	(Address)	
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	(Add 633)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT MAIL	
	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

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TO:

New Filing Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Vasilinea Tree Service Name of Limited Liability Company	LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Benjanin Ray Vas	ilinda
Vasiliada Tree Service Firm/Company	ell
3018 Brandemere Dr	
Address	
City/State and Zip Code	312
Vasilinda ben (Cahoo.	Com
E-mail address: (to be used for future annual report notificat	tion)
For further information concerning this matter, please call:	
Mike Vasiliada at (850) 445- Name of Person Area Code Daytime Telephon	- 5/1/ ne Number
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee □\$130,00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status □\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DDivision of CorporationsThe Centre of Tallah	
izivision of Corporations — The Cente of Talian	annee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(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:

3018 Brandenere Pr. 3018 Brandenere Dr. Tallahasse, FC Tallahasse, FC

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:

Benjamia Ray Vasiliade

Name

3018 Brandamere Br.

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

Tallahassee FL 32312
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.,

Born Ry Varilings
Registered Agent's Signature (REQUIRE

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Manager Banda	Ben Vasiliala 301 8 Brandemera Dr Talla Lassea, 1732312	<u></u>
e date of filing.)	of filing:	to or 90 days afte
e document's effective date on the Department RTICLE VI: Other provisions, if any.	of State's records.	
REQUIRED SIGNATURE:	Par a sill	
This document is execu I am aware that any fals constitutes a third degre	ember of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Stee information submitted in a document to the Department of the felony as provided for in s.817.155, F.S. Typed or printed name of signee	
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	Filing Fees: ganization and Designation of Registered Agent nal)	2023 J.
		<u>.</u>