L23000493605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Paradise Lawn & Landscaping
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:

Lisa Carlo
Name of Person

Paradise Lawn & Landscaping
Firm/Company

109 DAKOTA DR
Address

Crawfordville, FL 32327
City/State and Zip Code

MYLEELEE@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Hampshire at (850) 495-9606
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 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
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303