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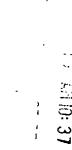
(Requestor's Name)
(Address)
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(Addless)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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11/13/23--01027--012 **130.00



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LE W Maintenance and Lawn Care, 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:
Wanda G. Harvey Name of Person
H&W Maintenance and Lawn Care, LLC Firm/Company
54 Dush-Levi Rd Address
Crawford ville FL 32327 City/State and Zip Code 1-12 W Main-tenance and lawn 1 c@ icloud. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Must contain the words "Limited Liability Com	wn Care, LLC
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:

Principal Office Address:	Mailing Address:
54 Dosh-Levi Rd	54 Dosh Levi Rd
Crawfordville, FL 32327	Cranfordville, FL 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:

ARTICLE I - Name:

Kenneth Ha	rvey
Name	
54 Doch-Len	(2d
Florida street address (P.O. Box	NOT acceptable)
Tallahassee	FL 32321
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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	(1)
<u>MOR</u>	Wanda Harvey
	Crawfordville, FL 32327
AMBR	<u>Negina Morray</u>
	75J 1000 CL
	Crawfoorciville, FL 32327
AMBR	Menise Thompson
<u></u>	57 Desh-Levi Cd
	Crawfordville, FL 32327
	the date of filing: 10/19/2023 (OPTIONAL)
of filing.)	the date of filing: 10/19/2023 (OPTIONAL) ast be specific and cannot be more than five business days prior to or 90 coors not meet the applicable statutory filing requirements, this date will not partment of State's records.
E V: Effective date, if other than ective date is listed, the date must filing.) the date inserted in this block d	oes not meet the applicable statutory filing requirements, this date will not
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block diment's effective date on the Dep	oes not meet the applicable statutory filing requirements, this date will not
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E V: Effective date, if other than ective date is listed, the date must filing.) The date inserted in this block diment's effective date on the Deple E VI: Other provisions, if any. REQUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will not partment of State's records.
E V: Effective date, if other than ective date is listed, the date must filling.) The date inserted in this block diment's effective date on the Depter E VI: Other provisions, if any. REOUIRED SIGNATURE: Signatur	Description of State is records. La L
E V: Effective date, if other than ective date is listed, the date must filling.) The date inserted in this block diment's effective date on the Depter E VI: Other provisions, if any. REOUIRED SIGNATURE: Signatur This document I am aware that	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block dement's effective date on the Depte VI: Other provisions, if any. REOUIRED SIGNATURE: Signatur This document I am aware that constitutes a this	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than ective date is listed, the date must filling.) The date inserted in this block diment's effective date on the Depter E VI: Other provisions, if any. REOUIRED SIGNATURE: Signatur This document I am aware that constitutes a this	e of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to form a Florida Limited Liability Company pursuant to Chapter 605, Florida Statutes. All information included in the Articles of Organization must be in English and must be typewritten or printed legibly. If this requirement is not met, the document will be returned for correction(s). The Division of Corporations suggests using the sample articles merely as a guideline. Pursuant to s. 605.0201, Florida Statutes, additional information may be contained in the Articles of Organization.

The name of a limited liability company must be distinguishable on the records of the Florida Department of State.

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

NOTE: This form for filing Articles of Organization is basic. Each limited liability company is a separate entity and as such has specific goals, needs, and requirements. Additionally, the tax consequences arising from the structure of a limited liability company can be significant. The Division of Corporations recommends that all documents be reviewed by your legal counsel. The Division is a filing agency and as such does not render any legal, accounting, or tax advice. The professional advice of your legal counsel to ascertain exact compliance with all statutory requirements is strongly recommended.

Pursuant to s.605.0201, Florida Statutes, the Articles of Organization must set forth the following:

ARTICLE I:

The name of the limited liability company, which must contain the words "Limited Liability Company, "or the abbreviation "L.L.C.," or "LLC."

ARTICLE II

The mailing address and the street address of the principal office of the limited liability company.

ARTICLE III:

The name and Florida street address of the limited liability company's registered agent. The registered agent must sign and state that he/she is familiar with and accepts the obligations of the position. P.O. Boxes are not acceptable.

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company. Although this information is optional at this time, most financial institutions require this information to be recorded with the Florida Department of State in order to open an account. The Department of Financial Services also requires this information to issue Workers' Compensation.

Use "AMBR" for members who are authorized to manage and control the company. Use "MGR" for managers of managermanaged LLCs.

ARTICLE V: If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 calendar days after the date of filing.

What is an effective date?

You may list an effective date if you would like the limited liability company's existence to become effective on a date other than the date it is filed by this office., The effective date can be up to 5 business days prior to the date of receipt or up to 90 days after the date of receipt.

The entity's first annual report form will be due January 1st of the calendar year following the year of formation. If a limited liability company is created late in the calendar year and it doesn't expect to commence business until on or after January 1st of the uncoming year, it should add an effective date of January 1 for the coming year.

If the effective date is in the next calendar year, it will delay the requirement to file an annual report until the following calendar year. Example: A limited liability company is formed December 1, 2007. If it added an effective date of January 1, 2008, the first annual report would not be due until January 1, 2009. If a 2008 effective was not listed, the first annual report would be due January 1, 2008.

Signature:

Articles of Organization must be executed by an authorized person, and the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated therein are true.

FILING FEES:

- \$ 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fees and any optional certificate or copy.

A cover letter containing your name, address and daytime telephone number should be submitted along with the articles of organization and the check. The mailing address and courier address are:

Mailing Address	Street/Courier Address
New Filing Section	New Filing Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Any further inquiries concerning this matter should be directed to the New Filing Section by calling (850) 245-6052.

Important Information About the Requirement to File an Annual Report

All Florida Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$138.75. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: LEW Maintenance and Lawn Care, 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:	
Wanda G. Harvey Name of Person	
H&W Maintenance and Lawn Care, LLC Firm/Company	
54 Dosh-Levi Rd Address	
Crawford ville, FL 32327 City/State and Zip Code 1- E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Wanda Harvey at (850) 728-8093 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee & □\$155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)
Mailing Address Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HEW Maintenance and (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	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
54 Dosh-Levi Rd Cranfordville, FL 32327	54 Doch Levi Rd Crawfordville, FL 32327
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	ed Agent. You must designate an individual or
The name and the Florida street address of the registered agent ar	
Kenneth H	-arvey
54 Dosh-Le Florida street address (P.O. B	in Rd
City Sta	FL 32327 ate Zip
Having been named as registered agent and to accept service of proplace designated in this certificate, I hereby accept the appointment further agree to comply with the provisions of all statutes relating to am familiar with and accept the obligations of my position as registe	as registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and t
Kennett Registered Age	ent's Signature (REØUIRED)

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager $ \underline{MG} $	Wanda Harvey 54 Dosh-Levi Rd Crawfordville, FL 32327
<u>AMBR</u>	Megina Morray 25 Jason St Cranfordville, FL 32327
AMBR_	Menise Thompson 57 Orsh-Levi Rd Chawfordville, FL 32327
(Use attachment if necessary)	
If an effective date is listed, the date must be the date of filing.)	tte of filing: 10/19/2023. (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after t meet the applicable statutory filing requirements, this date will not be listed as not of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Le Henvier
This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. also information submitted in a document to the Department of State area felony as provided for in s.817.155, F.S.

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

Filing Fees:

Wanda Harvey
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)