## 0740046980

Office Use Only



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## **COVER LETTER**

	v Filing Section ision of Corporations		
SUBJECT:	FAIR PRICE Name of L	LANGCAPE SE	RVICE LLC.
The enclosed	d Articles of Organization and fee(s) a	are submitted for filing.	
Please return	all correspondence concerning this r	matter to the following:	
-	DBA: JOSEPH	Printey III Name of Person	
-	FAIR PRICE	LANDSCAPE SE	RVICE LLC.
-	9209 Su	nny DAK DRIVE.	
-	Riverview	City/State and Zip Code	
_	Seph-Ai	RPRICE annual report notificat	com.
For further inf	ormation concerning this matter, plea		,
DBA:	ostely Fivley II at (		ne Number
Enclosed is a	check for the following amount:		
□\$125,00 F	Filing Fee  \$\square\$	& \$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	Street Address New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

Tallahassee, FL 32314

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
TAIR POINTE AND CRAICA SERVICA LLC
(Must contain the words "Limited Liability Company. "L.L.C.," or "LLC.")
(Mist contain the World's Editionary Company, Edition, or Edition)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
9209 SunnyOAK DRIVE 9209 SunnyOAK DR.
Riverview 31. 33569 Riverviews 1 33569
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:  DBA: TOSE PH FINLEY THE
9209 SUNNYIDAK DRIVE:
Florida street address (P.O. Box NOT acceptable)  RIVERVIEW OF ORIGINA 33569
City State Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and in 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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Filing Fees:

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

S 30.00 Certified Copy (Optional)

A ....

S 5.00 Certificate of Status (Optional)