12000/41763

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COVER LETTER ;

TO: New Filing Se Division of Co			
SUBJECT: BE	east Mowed Law Name of Limite	ncare & Tree Seperated Liability Company	rvice, LLC
The enclosed Articles of	Organization and fee(s) are si	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Joshua I	Davie Name of Person	
	Mowed Lawnca	re & Tree Serv Firm/Company	J
<u> </u>	7 Rosegreen C	Address	
Josh	Mpa, FL 33624 City/ E-mail address: (to be used for neerning this matter, please ca	1809mail, COM future annual report notificati	on)
Joshug Nam	at (81 Area	3) 370-46 Code Daytime Telephone	e Number
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	Xi\$130.00 Filing Fee & Certificate of Status (a	□\$155.00 Filing Fee & Certified Copy additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assee, FL 32314	Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stree Tallahassee, FL 32307	ssee et. Suite 810

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:		
Beast Moved Lawncare & Tree Service, LLC (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:		
Principal Office Address: Mailing Address:	Mailing Address:	
5107 Rosegreen Ct 5107 Rosegreen Ct Tampa, FL 33624 Tampa, FL 33624	5107 Rosegreen Ct Tampa, FL 33624	
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:		
Joshua Davie		
Name		
5107 Rosegreen Ct Florida street address (P.O. Box NOT acceptable)		
Tampa FL 33624 City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company at t place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, a am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.	I	
Registered Agent's Signature (REQUIRED)		

(CONTINUED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 05/19/2020 (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.

Filing Fees:

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

Typed or printed name of signee

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

constitutes a third degree felony as provided for in \$.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)