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COVER LETTER

Division of Co		
SUBJECT:	12 ters QUACITY LAWN SCRUICS	l 1
The enclosed Articles o	of Organization and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
<u>Ge</u>	Povannie Rosado Guerrido Name of Person	
	ivalise of retson	
	Firm/Company	
	710 Osceola De	
	Address	
	Sanford F1 32773	
ge	Sanford F/ 32773 City/State and Zip Code OUANNIE 32 Qmail. Com E-mail address: (to be used for future annual report notification)	
	concerning this matter, please call:	
eouannie Ros	sado Guerrida (407) 879-5633 me of Person Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	
\$125.00 Filing Fee	\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	I
New I Divis P.O. 1	ing Address Filing Section Street Address Filing Section Sion of Corporations Box 6327 Clifton Building hassee, FL 32314 Cloth Section Suilding Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	pany is:				
Cacters (Must contain the	words "Limited Lin		<u> Σε (ν) ζ </u>		
ARTICLE II - Address: The mailing address and street address	of the principal offi	ice of the Lim	ited Liability Co	mpany is:	
Principal Offi	ce Address:		<u>M</u>	Lailing Address	:
710 NS(CO Soutord, FL	la Dr 32773		710 (Santacd,)S(eo a F 327	<u>Oc</u> 73
ARTICLE III - Registered Agent, Re (The Limited Liability Company canno another business entity with an active I	t serve as its own R	egistered Age			dual or
The name and the Florida street address	of the registered a	gent are;			
Geo	ovannie R	OSCO Name	Guerrid	0	
	710 050	eola	$D_{\mathcal{C}}$		
Flo	rida street address (P.O. Box NO	T acceptable)		
<u> </u>	Sanford	FL	327	73	
	City	State	Zip)	
Having been named as registered agent a place designated in this certificate, I here further agree to comply with the provision am familiar with and accept the obligatio	by accept the appoints of all statutes rela	ntment as regi tting to the pro	stered agent and oper and complet	agree to act in the te performance of	nis capacity. I I mv duties, and I
	Jesuan Registere	ed Agent's Si	gnature (REQUII	RED)	n ALL,
	•	(CONTINUE	ED)		TILED 7 JUL 28 PH 4: 16 7.HASSEFFLORION
					Em 6

	"MGR" = Manager	Member	Name and Address:
	(Use attachment if neces	ccami)	
(If an efi	EV: Effective date, if o	ther than the date of filin	ng: July 25, 2017 (OPTIONAL) and cannot be more than five business days prior to or 90 days
(If an eff the date <u>Note:</u> It	EV: Effective date, if o ective date is listed, the of filing.)	ther than the date of filin date must be specific a block does not meet the	and cannot be more than five business days prior to or 90 da e applicable statutory filing requirements, this date will not be
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