

L0000010791

Classic Care
Requester's Name
PMB 224
Address
Atlantic Beach, FL 32233
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ (Corporation Name) _____ (Document #)
- 2. _____ (Corporation Name) _____ (Document #) 400003383074--2
-09/06/00--01044--002
****125.00 ****125.00
- 3. _____ (Corporation Name) _____ (Document #)
- 4. _____ (Corporation Name) _____ (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of _____

NEW FILINGS

- Profit
- Not for Profit
- Name Limited Liability
- Availability Domestication
- Document Other
- Examiner DCC

OTHER FILINGS

- Updater DCC
- Updater Annual Report
- Verifier Fictitious Name
- Acknowledgement DCC
- Verifier DCC

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLASSIC CARE PROFESSIONAL LAWN SERVICE L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

2353 BAREFOOT TRACE
ATLANTIC BEACH, FL 32233

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

RICHARD W. SMITH JR.
Name
2353 BAREFOOT TRACE
Florida street address (P.O. Box NOT acceptable)
ATLANTIC BEACH FL 32233
City, State, and 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 608, F.S.

Richard W. Smith Jr.
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Linda L. Smith
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Linda L. Smith
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)