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Mr. Harry Maxime
DBA Harry Maxime Landscaping
4588 Carthage Circle North
Lake Worth, Florida 33463
(561) 357-8391 (daytime)
(561) 969-3295 fax

April 13, 2001

Florida Department of State
Registration Section, Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: LLC Filing

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-04/18/01--01089--024
****155.00 ****155.00

To Whom It May Concern:

The following is my formal application to register as a limited liability company. Thank you for your cooperation in this matter.

Sincerely,

Harry Maxime
Harry Maxime, President

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4/23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Harry Maxime Landscaping, LLC

ARTICLE II - Address:

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

4588 Carthage Circle North
Lake Worth, FL 33463

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

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

Harry Maxime
_____ Name
4588 Carthage Circle North
_____ Florida street address (P.O. Box NOT acceptable)
Lake Worth FL 33463
_____ 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..

Harry Maxime
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

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

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.)

Harry Maxime

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)

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