

L02000027070

Charter Number

VALIDATION ONLY

Requestor's Name  
Address  
City State ZIP Phone

600008261766--7  
-10/08/02--01017--025  
\*\*\*\*\*76.25 \*\*\*\*\*76.25

600008261766--7  
-10/08/02--01017--020  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

CORPORATION(S) NAME

Ace tree Service, LLC

- ( ) Profit ( ) NonProfit ( ) Amendment ( ) Merger ( ) Foreign ( ) Dissolution ( ) Mark ( ) Limited Partnership ( ) Annual Report (X) Other LLC ( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent ( ) Photo Copies ( ) Certificate Under Seal ( ) Call When Ready ( ) Call If Problem (X) Pick Up ( ) After 4:30 ( ) Mail

Name Updater DCC  
Availability  
Document Updater DCC  
Examiner  
Updater of no amendment DCC  
Verifier / P. Verifier DCC  
Acknowledgment  
W.P. Verifier

RECEIVED  
02 OCT -8 AM 9:50  
DIVISION OF CORPORATION

FILED  
02 OCT 14 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Empire Toll Free: 1-800-432-3028



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

October 8, 2002

EMPIRE

SUBJECT: ACE TREE SERVICE, LLC  
Ref. Number: W02000029097

We have received your document for ACE TREE SERVICE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to form a limited liability company you must use the guide lines as stated in the Florida Statutes 608. Please use the attached information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 002A00056350

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

*Ace Tree Service, LLC*

## ARTICLE II - Address:

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

*583 SW 132 Terrace  
Davie FL 33325*

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

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

*Anita Morris*  
Name  
*583 SW 132 Terrace*  
Florida street address (P.O. Box NOT acceptable)  
*DAVIE FL 33325*  
City, State, and Zip

FILED  
02 OCT 14 PM 11  
SECRETARY OF STATE  
TALLAHASSEE, FL

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..

*Anita J Morris*  
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)

*Anita J Morris*  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

*ANITA MORRIS*  
Typed or printed name of signer

### 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)