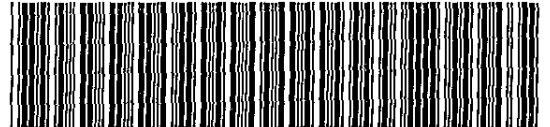


L040000000556

03 DEC 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800025596588

12/24/03--01024--009 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

AL

Office Use Only

TRANSMITTAL LETTER

FILED

03 DEC 24 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: BLAIZIN LAWN LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FREDERICK A FOX
(Name of Person)

BLAIZIN LAWN LLC
(Firm/Company)

9 BROADRIVER ROAD
(Address)

ORMOND BEACH, FL 32174
(City/State and Zip Code)

For further information concerning this matter, please call:

FREDERICK A FOX at (386) 672-1677
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED

ARTICLES OF ORGANIZATION 03 DEC 24 PM 2:43
FOR
FLORIDA LIMITED LIABILITY COMPANY
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLAZIN LAWN LLC

ARTICLE II - Address:

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

Principal Office Address:

9 BROADRIVER RD

ORMOND BEACH, FL 32174

Mailing Address:

9 BROADRIVER RD

ORMOND BEACH, FL 32174

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

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

FREDERICK A FOX

Name

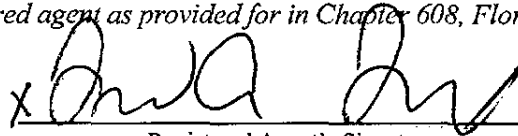
9 BROADRIVER RD

Florida street address (P.O. Box **NOT** acceptable)

ORMOND BEACH, FLORIDA 32174

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, Florida Statutes..

x 

Registered Agent's Signature

FILED

03 DEC 24 PM 2:4

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

FREDERICK A FOX

9 BROADRIVER RD

ORMOND BEACH, FL 32174

MGRM

JOSEPH KEENAN

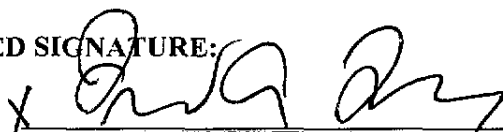
9 BROADRIVER RD

ORMOND BEACH, FL 32174

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

x 

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.)

FREDERICK A FOX

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)