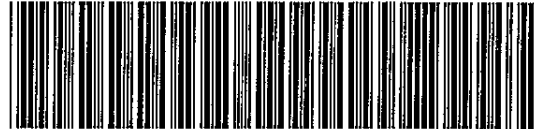


L04000018013 FILED

04 MAR -8 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



800028349868

02/10/04--01055--022 **125.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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04 MAR -8 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 18, 2004

RONALD COCHRANE, SR.
28119 LOIS DR.
TAVARES, FL 32778

SUBJECT: R & R LAWN SERVICE
Ref. Number: W04000006965

We have received your document for R & R LAWN SERVICE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 904A00011146

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

04 MAR -8 PM 1:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

SUBJECT: R & R Lawn Service

(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:

Ronald Cochrane, Sr.

(Name of Person)

R & R Lawn Service

(Firm/Company)

28119 Lois Dr.

(Address)

Tavares, Fl. 32778

(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Cochrane

(Name of Person)

at (352) 343-8109

(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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED
04 MAR -8 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

R & R Lawn Service L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

28119 Lois Dr.

Tavares, Fl. 32778

Mailing Address:

28119 Lois Dr.

Tavares, Fl. 32778

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

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

Ronald Cochrane, Sr.

Name

28119 Lois Dr.

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

Tavares,

FLORIDA 32778

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 *Ronald M. Cochrane*
Registered Agent's Signature

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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:

MGR

Ronald Cochrane

28119 Lois Dr.

Tavares, Fl. 32778

MGRM

Ronald Cochrane, Jr.

3800 Dorwood Dr.

Orlando, Fl. 32818

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X Ronald M. Cochrane
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.)

Ronald Cochrane

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)