(Requestor's Name)	
(Address)	
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PICK-UP WAIT M	IAIL
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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status_	
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Special Instructions to Filing Officer:	1
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TRANSMITTAL LETTER

Registration Section

Division of Corporations

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street

Tallahassee, Florida 32399

TO:

SUBJECT: PRO Tech LAWN SORVICE MATURITY (Name of Limited Liability Company)	ance 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:	American Company
Moute' Daus (Name of Person)	
PROTECH LAWISSERVICE MAINTIANCE	
964 HASSER	
TAllahassee Flore (City/State and Zip Code)	4
For further information concerning this matter, please call:	
Moute Days at (850) 52. (Name of Person) at (850) 52. (Area Code & Daytime Te	8-1540 lephoné Number)
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & □ \$155.00 Filing Fee & □ Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PRO Tech LAWNSERVICE MAINT	TANCE "LLC"
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address: Mailing A 964 HASSE R TA HALASSEE 132305	ddress:
ARTICLE III - Registered Agent, Registered Office, & Register	ed Agent's Signature:
The name and the Florida street address of the registered agent are: Monte Days Name Name Florida street address (P.O. Box NOT acceptable) Tallahassee FL 3230 City, State, and Zip	SECRETARY OF STATE TALLAHAS F. F. F. ORIĐA 04 AUG -6 PM 2: 21
Having been named as registered agent and to accept service of proc	cess for the above stated limited

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..

Registered Agent's Signature

(CONTINUED)

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Monté DAUS gley HASSEL 21 Tallahassee 2132300
 	
(Use attachment if necessary)	
NOTE: An additional article	must be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a	member or an authorized representative of a member.
of this docume that the facts s	with section 608.408(3), Florida Statutes, the execution ent constitutes an affirmation under the penalties of perjury stated herein are true. 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)