Los00073419

DELBERT CMCNATT (Requestor's Name)		
(Requestor's Name)		
5500 HP PAGETT Rd (Address)		
(Address) (
(Address)		
PERRY FL. 32348 (City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
DELBERT'S LAWN CARE LLC (Business Entity Name)		
,		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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SECRETARY OF TORIDA
TALLAHASSEE, FLORIDA
05 JUL 27 AM 8: 46

05 JUL 27 M 8: 36
DIVISION OF CHARGRATION



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Delbert's howo Care, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
5520 HPPARgett Rd 5520 HPPARgett Rd Perry, CC 132348 Perry, CC 32348
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Delbert C. We Dutt
Name
5520 H. P. Pa Lett Rd Florida street address (P.O. Box NOT acceptable)
PERR. FI 3>345

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

/ City, State, and Zip

(CONTINUED)

Page 1 of 2

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

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

Title: "MGR" = Manager "MGRN" = Manager	Name and Address:
"MGRM" = Managing Member	Delhert C. Mc Nutt 5520 H.P. PAdgett Rd Perry, FC 32388
(Use attachment if necessary)	
•	e added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

~\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)