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(Requestor's Name)	_
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(City/State/Zip/Phone #)	—
PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	
Certified Copies Certificates of Status	—
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DIVISION OF CORPORATIONS

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Better Yard L.L.C. (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:
Apollo O'Neil (Name of Person)
A Better Yard (Firm/Company)
(Firm/Company)
124 Kenwood Ave
Clearwater Fl 33755 (City/State and Zip Code)
For further information concerning this matter, please call:
Apollo O'Noil at (727) - 599-7548 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
☐ \$125.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
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

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
910 Jeffords st clearwater F1, 3375	6 Clearwater F1, 337.55
ARTICLE III - Registered Agent,	Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, I	
The name and the Florida street addr	ess of the registered agent are:
The name and the Florida street addr	ess of the registered agent are: O'Ne's Name O'Ne's O'Ne's
The name and the Florida street addr	ess of the registered agent are: O'Ne's Name O'Ne's O'Ne's
The name and the Florida street addr	ess of the registered agent are: O'Ne's Name O'Ne's O'Ne's
The name and the Florida street address	ess of the registered agent are: O'Ne's Name O'Ne's O'Ne's Name ORPORT ORPOR OR

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..

(CONTINUED)

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	Apollo D'Neil 124 Kenwood Ave Clearwater F1, 33755
MGRM	Made Wirsing 910 Reffords st Clearwooder #1,53756
(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.

(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.)

Apollo O'Neil
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)