

09-12-2005 04:00pm

From-DAVID WILLIAMS LAW FIRM PA

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

Exquisite Lawn Care & Maintenance LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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JR

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **Exquisite Lawn Care & Maintenance LLC**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **1092 E. Hancock Dr., Deltona, FL 32725**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Agents and Corporations, Inc.  
Suite E, 773 4<sup>th</sup> Avenue North  
Naples, FL 34102**

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.

*David M. Williams*  
Registered Agent's Signature

**ARTICLE IV – Management (Check box if applicable.) ☐**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

**ARTICLE V – Manager:**

The initial Manager(s) of the Limited Liability Company shall be:

**Kyle Leavens      Ruben Velazquez      Frank Cesario**

*Kyle Leavens*

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.)

**Kyle Leavens**  
Typed or printed name of signee

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