

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.  
Account Number : I20010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

LIMITED LIABILITY COMPANY

Lawn Lizards, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing

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EFFECTIVE DATE  
10/10/05

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**ARTICLE I. NAME:**The name of the Limited Liability Company is: **Lawn Lizards, LLC****ARTICLE II. ADDRESS:**

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

Street Address:  
2389 Dumfries Court E.  
Orange Park, FL 32065Mailing Address:  
PO Box 66137  
Orange Park, FL 32065FILED  
05 OCT 10 AM 8:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**The name and Florida street address of the registered agent are:  
Justin Salliotte, MGR.  
1775 Saw Lake Drive  
Middleburg, FL 32068

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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.*

  
Justin Salliotte/ Registered Agent10/10/05  
Date

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ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title:  
MGR.

Name and Address:  
Justin Salliotte  
1775 Saw Lake Drive  
Middleburg, FL 32068

MGRM

David E. Kollasch  
2389 Dumfries Court E.  
Orange Park, FL 32065

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be October 10, 2005.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles  
Organization, this 10 day of Oct, 2005.

05 OCT 10 AM 8:59  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Justin Salliotte, Member  
David E. Kollasch, Member

(in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

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