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

From:  
Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

*This organization will start operating on January 15, 2006.*

**LIMITED LIABILITY COMPANY**

**MAYKOLT SARA LAWN SERVICE, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**MAYKOLT SARA LAWN SERVICE, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MAYKOLT SARA LAWN SERVICE, LLC.**

**ARTICLE II - ADDRESS**

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

**12118 ST ANDREWS PLACE APT 104  
MIRAMAR, FL. 33025**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**MAYKOLT SARA LAINES**

**12118 ST ANDREWS PLACE APT 104**

Florida street address ( P.O.BOX NOT acceptable)

**MIRAMAR, FL. 33025**

City, State, and Zip

**BERRIZ & GIRALDO P.A.  
4080 SW 84 AVE SUITE C  
MIAMI, FL 33155  
(305) 485-9300**

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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

## ARTICLE IV- MANAGEMENT

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

MAYKOLT SARA LAINES  
12118 ST ANDREWS PLACE APT 104  
MIRAMAR, FL. 33025

MANAGER

ANA ALAM  
12118 ST ANDREWS PLACE APT 104  
MIRAMAR, FL. 33025

MANAGER

(An additional article must be added if an effective date is requested)

  
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.)

MAYKOLT SARA LAINES

Typed or printed name of signee

THIS ORGANIZATION WILL START OPERATING ON JANUARY 1<sup>ST</sup>, 2006

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