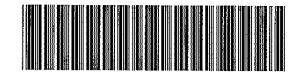
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J. BRYAN MAR 2 2 2006

COVER LETTER

	egistration Sec Division of Cor			
			Lawn Service ted Liability Company)	e LLC
		(,,,,,	
The enclos	sed Articles of	Organization and fee(s) are	submitted for filing.	
Please retu	ırn all correspo	ondence concerning this mat	ter to the following:	
	0	LHARLES		
			(Name of Person)	SECTION 2
			(Firm/Company)	77 2
	19	45 Sellars	s Pond Dr.	Fig. 3
			(Address)	THE CO
	TALL	Ahassee,	FL 32305	.
		(Ci	ty/State and Zip Code)	
For further	information c	oncerning this matter, please	e call:	
CHAR	LES N	JU ZZO of Person)	at (850) 694 (Area Code & Daytime Tel	- 3643 lephone Number)
Enclosed	is a check for	r the following amount:		
⊠ \$125.00) Filing Fee	□ \$130.00 Filing Fee of Certificate of Status	& S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	is

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is
Principal Office Address: Mailing Address:
1945 Sellars Powd Dr Tallahassee, FL 32305 32305
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
CHARLES NUZZO
1945 Sellars Powd Dr Florida street address (P.O. Box NOT acceptable)
TAllahassee FL 32305 City, State, and Zip
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 (REOURED)

(CONTINUED)

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

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

"MGR" = Manager "MGRM" = Managing Member	
MGRM	CHARLES NUZZO ZA 1945 Sellars Pond Drog Tallahassee, FL 32365
<u> </u>	
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must or 90 days after the date of filing.)	date of filing: (OPTIONA be specific and cannot be more than five busines
REQUIRED SIGNATURE:	
Signature of a membe	r or an authorized representative of a member.
-	etion 608.408(3), Florida Statutes, the execution

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)