

L060000043951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

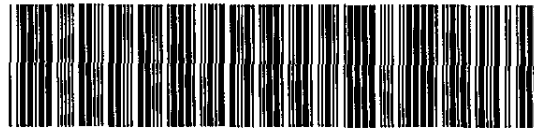
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300071611173

04/26/06--01101--005 **150.00

EFFECTIVE DATE
04/27/06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR 27 PM 3:26

J. BRYAN APR 27 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cutting Edge Lawn^{care} LLC
(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:

Chase Revell Cole Cherpak
(Name of Person)

3410 Hidden Walk Lane
(Firm/Company)

3410 Hidden Walk Lane
(Address)

Tallahassee FL 32305
(City/State and Zip Code)

FILED
06 APR 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Chase Revell at (850) 251-4035
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cutting Edge Lawn Care LLC

(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:

3410 Hidden walk
Lane Tallahassee
FL 32305

Mailing Address:

3410 Hidden walk
Lane Tallahassee FL
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:

Chase Revell
Name

EFFECTIVE DATE
04/27/06

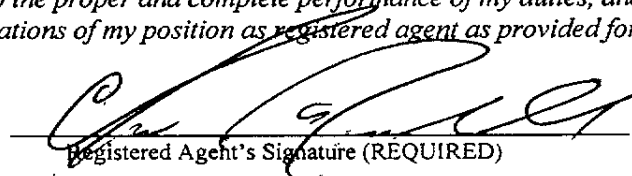
3410 Hidden walk Lane

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 (REQUIRED)

(CONTINUED)

Page 1 of 2