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(Req	uestor's Name)	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Se Division of Co			
SUBJE	CT:	Ray's Precis (Name of Limite	IDN Cut Lawn d Liability Company)	Care, LLC
The end	closed Articles of	f Organization and fee(s) are s	ubmitted for filing.	
Please r	return all corresp	ondence concerning this matte	er to the following:	
-		Ray M	ALLOY V	
-	Ra	y's Precision	Cut Lawn Cal	re,LLC
-	5410	Maple Lane	(Address)	8 80 8 80 8 80 8 80
_		109, FL 3361E)	OS JUN 19 PH 4: 49
		' (City	/State and Zip Code)	PH PH
For furt	her information	concerning this matter, please	call:	6. t. d.
	Nanc (Name	Mayory of Person)	at (813) UU4 (Area Code & Daytime To	9799
Enclose	ed is a check fo	or 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 Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	DIVISION SECR
Ray's Precision Cut La (Must end with the words "Limited Liability Company, "Limited Co	WN Cave, LLC ompany" or their abbreviation "LLC," or "L.C.,"
ARTICLE H - Address: The mailing address and street address of the principal address and street address of the principal address.	ipal office of the Limited Liability Company 38:
Principal Office Address:	failing Address:
5410 Maple Lane Tampa. Fl. 33610	5410 Maple Lane Tampa, Fi. 33610
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.)	
The name and the Florida street address of the regis	stered agent are:
Bay Mallory Name	EFFECTIVE DATE 0 (a 1 (a 0 6)
5410 Maple La Florida street address	(P.O. Box NOT acceptable)
City, State, and 2	33610

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

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
Mgrm		Ray Mallory 5410 Maple Lane Tampa, Fi 33610
		06 JUN 19
<u>.</u>		
(Use attachmen		
LE V: Effective	e date, if other than the isted, the date must b date of filing.)	e date of filing: <u>\(\beta\) 5 0 \(\beta\)</u> . (OPTIONA DE SPECIFIC and cannot be more than five business da
LE V: Effective fective date is l days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE:	
LE V: Effective fective date is l days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
LE V: Effective fective date is leading to the days after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: Signature of a memb (In accordance with se of this document constant the facts stated	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury