

Division of Corporations

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

From:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

LAWN MEDIC LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

LAWN MEDIC LLC

ARTICLE II ADDRESS

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

5003 INDIGO WAY
MELBOURNE FL 32940-1443

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

DANIEL R BARRIOS SR.
5003 INDIGO WAY
MELBOURNE FL 32940-1443

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



DANIEL R BARRIOS SR./ Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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PAGE 2 LAWN MEDIC LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

(
DANIEL R BARRIOS SR.
Managing Member: 5003 INDIGO WAY
MELBOURNE FL 32940-1443

DRB

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.)

DANIEL R BARRIOS SR.
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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