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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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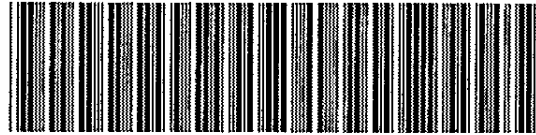
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mjk*

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September 28, 2006

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

RE: Lawn Skillz, LLC

To Whom It May Concern:

Enclosed please find the Articles of Organization for Lawn Skillz, LLC. After the Articles have been filed, please return a certified copy to my office. I have enclosed a check in the sum of \$155.00 representing the filing fee for said LLC. Thank you.

Very truly yours,



TERRY L. DILLON

TLD:fdd

Enclosures

*ARTICLES OF ORGANIZATION*

*FOR*

*FLORIDA LIMITED LIABILITY COMPANY*

The undersigned members to these Articles of Organization hereby form a Limited Liability Company under the laws of the State of Florida.

*ARTICLE I*

*Name*

The name of the Limited Liability Company is **LAWN SKILLZ, LLC.**

*ARTICLE II*

*Address*

The mailing address and street address of the principal office of the Limited Liability Company is 4639 Naomi Ridge Lane, Sarasota, Florida 34233.

*ARTICLE III*

*Duration*

The period of duration for the Limited Liability Company shall be perpetual or until dissolved as provided by law.

*ARTICLE IV*

**Management**

The Limited Liability Company shall be managed by the members. The name and address of the managing member is as follows:

<u>Name</u>	<u>Address</u>
BRIAN SCALES	4639 Naomi Ridge Lane Sarasota, FL 34233

*ARTICLE V*

**Admission of Additional Members**

The right of the initial members to admit additional members and the terms and conditions of said admissions shall be determined by the unanimous consent of the current members.

Transfer or pledge of a member's interest may not be made except upon written consent of all members.

*ARTICLE VI*

**Members Rights to Continue Business**

The right, if given, of the remaining members of the Limited Liability Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be determined by the unanimous consent of the current members.

IN WITNESS WHEREOF, the undersigned members of the Limited Liability Company, have executed these Articles of Organization at Sarasota this 27 day of September, 2006.

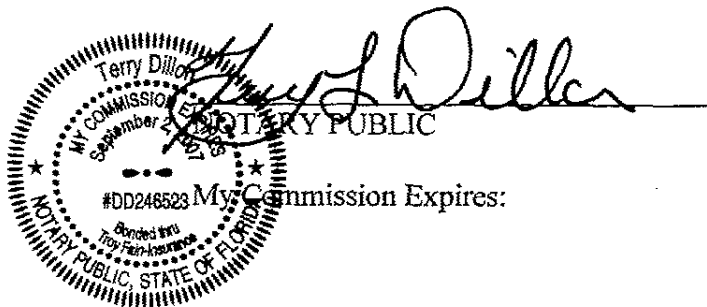
  
\_\_\_\_\_  
BRIAN SCALES

STATE OF FLORIDA

COUNTY OF SARASOTA

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the state and county named above to take acknowledgements, personally appeared BRIAN SCALES, who is personally known to me to be the person described as the member in and who executed the foregoing Articles of Organization, and acknowledged before me that he subscribed to those Articles of Organization.

WITNESS my hand and official seal in the county and state named above on this 27<sup>th</sup> day of September, 2006.



**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICER**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is **LAWN SKILLZ, LLC.**
2. The name and address of the registered agent and office is:

Brian Scales  
4639 Naomi Ridge Lane  
Sarasota, FL 34233

*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.*

Signed on this 27 day of September, 2006.

  
BRIAN SCALES

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TALLAHASSEE, FLORIDA

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