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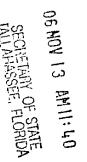
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
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	(Document Number)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT:DAVES LAWNS/PAINTING C	
(Name of Limited Liability Com	pany)
·	•
The enclosed Articles of Organization and fee(s) are submitted for filing	Ţ.
Please return all correspondence concerning this matter to the following	:
•	
·	
David B. Parker	
(Name of Person)	0
	Fig. 6
Daves Lawns/Painting L.L.C.	三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、三、
(Firm/Company)	OF HOW 13 AM 11: 40 SECRETARY OF STATE SECRETARY OF STATE
•	Marine Significant State of the
	709
2936 India Palm Dr.	高. 5
(Address)	Taken Samuel Company
Edgewater, F1 32141	•
(City/State and Zip Code)	
•	
For further information concerning this matter, please call:	
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	
Mary Lee Cook at (386)	
	Daytime Telephone Number)
, can be a second of the secon	
Contract to a short Court College or court	
Enclosed is a check for the following amount:	•
\$125.00 Filing Fee 🔲 \$130.00 Filing Fee & 🗇 \$155.00 Filing Fe	ee & 🗆 \$160.00 Filing Fee,
Certificate of Status Certified Copy	Certificate of Status &
(additional copy is en	
,	(additional copy is enclosed)
<i>,</i>	MAILING ADDRESS:
	Registration Section
	Division of Corporations 2.0. Box 6327
, -	Callahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the L	imited Liability Company is:			
DAVES LAWNS/PAINTING L.L.C.				
ARTICLE II - Ad The mailing address	_	oal office of the Limited Liability C		
Principal Office A	ddress:	Mailing Address:	OS MOY	
2936 India Palm'Dr.		2936 India Palm	n Dr. S	
Edgewater,F1 32141		Edgewater,F1 32	2141	
	egistered Agent, Registered Off	ice, & Registered Agent's Signate	ure: Opposition	
	DAVID B. PARKER			
	Name		,	
	2936 India Palm Dr.			
:.	Florida street address (P.O. Box NOT acceptable)			
	Edgewater FL	32141		
	City, State, and Zi	р		
liability company a registered agent an statutes relating to	nt the place designated in this certi ad agree to act in this capacity. If the proper and complete performa	nt service of process for the above sta ficate, I hereby accept the appointm further agree to comply with the pro ance of my duties, and I am familiar gent as provided for in Chapter 608,	nent as visions of all with and	

Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	David B. Parker 2936 India Palm Dr Edgewater,F1 32141
(Use attachment if necessary) NOTE: An additional article must be a REQUIRED SIGNATURE:	ndded if an effective date is requested.
Signature of a member o	Brackee r an authorized representative of a member.
of this document constitute that the facts stated herein DAVID B	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury are true.) PARKER or printed name of signee
	1744 T

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)