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(Re	equestor's Name)	<u>, , , , , , , , , , , , , , , , , , , </u>
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<i>∆</i> .		
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Office Use Only



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07 APR 26 PN 2: 31 SECRETARY OF STATE TAIL AHASSEL SLORID.

COVER LETTER

Division of Co				
SUBJECT: S	SOUTHERN MOWING LLC			
	(Name of Limite	d Liability Company)		
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	pondence concerning this matte	er to the following:		
	VICTOR ADAME JR.			
	(Name of Person)		_
	SOUTHERN MOWING LL	С	1 _	
	(Firm/Company)	SEC ALL	<u>-</u> ↓
	730 CRESTVIEW CIRC	LE, APT. 208	APK Z LAHA	
		(Address)	SSE	
	IMMOKALEE, FL. 34	142		교
	(City	/State and Zip Code)	ORID ORID	
For further information	concerning this matter, please	call:	```**********************************	
VICTOR ADAME J		at (321) 231-876 (Area Code & Daytime To	.1	
(Name	e of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check f	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 Addres Registration Section Division of Corporatio 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:	
SOUTHERN MOWING 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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Timelpar Office Address.	Maning Mariess.
730 CRESTVIEW CIRCLE, APT 208	730 CRESTVIEW CIRCLE, APT 208
IMMOKALEE, FL. 34142	IMMOKALEE, FL. 34142
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe	
business entity with an active Florida registration.)	in the course
The name and the Florida street address of the re	
VICTOR ADAME JR.	
Name	
730 CRESTVIEW CIRCLE,	APT 208
Florida street addr	ess (P.O. Box NOT acceptable)

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..

City, State, and Zip

34142

IMMOKALEE

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana "MGRM" = Ma	iger Inaging Member	Name and Address:	
MGR	——	VICTOR ADAME JR. 730 CRESTVIEW CIRCLE, APT 20 IMMOKALEE, FL. 34142	08
MGRM		AMANDA S./ADAME 730 CRESTVIEW CIRCLE, APT 20 IMMOKALEE, FL. 34142)8
			
(Use attachment	t if necessary)		<u> </u>
CLE V: Effective	e date, if other than the da isted, the date must be s late of filing.)	ate of filing: (0	
REQUIRED SI			
REQUIRED SI	IGNATURE.		Ā (c
REQUIRED S	Signature of a member of	or an authorized representative of a member.	07 APR SECRETALLAHA
REQUIRED S	Signature of a member of this document constitute that the facts stated here	or an authorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)