## 607000054173

, (Re	questor's Name)		
(Address)			
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT .	MAIL	
(Business Entity Name)			
(Document Number)			
: Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
	,		
	•		

Office Use Only



600101812326

05/21/07--01026--004 \*\*130.00

07 MAY 21 PM 1: 15

DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT: Ty	Name of Limite	u Landscap	ing LLC	,
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please return all correspo	ondence concerning this matte	r to the following:		
Tu	Jer Udel	Name of Person)		
Tyler	s lawn 4	Landscapia Firm/Company)	ng LCC	<u></u>
<u> </u>	120 Stack	)(Address)		4 <b>to</b>
	Lakeland	PL 3390	\	SION OF C MAY 21
	(City	(State and Zip Code)		<b>PH  </b>
For further information c	oncerning this matter, please	call:		••
Tyler (Name of	of Person)	at (Olo) 559 (Area Code & Daytime Te	SS28	<b>5</b>
Enclosed is a check for	the following amount:			
S125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing I 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	ns	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·				
Tylers Lawn and Lendscaping LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LbC," or "L.C.,")					
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
1420 Stacy Drive Lakeland FU 33801	Cakerani FL 3320				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Therefore U  Name  1420 Stacus  Florida street address  City, State, an	gistered agent are:  DYSSECRE TARY OF STATE  PH 1: 15  P				
liability company at the place designated in th	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as				
	I further agree to comply with the provisions of all formance of my duties, and I am familiar with and				

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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" = Manager  "MGRM" = Managing Member	Name and Address:				
MGR_	Tyler Udell 1420 Story Dover Lakeland Fel 33805				
MORM	Theresa Udell 1420 Stacy Drive Lakeland PL 33809				
	MAY 21				
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)					
REQUIRED SIGNATURE:	ld. Os				
Signature of a member or an authorized representative of a member.					

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury