## L07000064189

(Requestor's Name)					
(Address)					
(Address)					
(0) (0) (7) (7)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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O7 JUN 18 AH 11: 19
SECRETARY OF STATE
AND AHASSEE, FLORID

## **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: La	Zy 9 Rang	ch, uc		
	(Name of Limited	l Liability Company)		
The enclosed Articles of Or	ganization and fee(s) are su	ubmitted for filing.		
Please return all correspond	lence concerning this matter	r to the following:		
·	Dean A.	Burnside Name of Person)		
1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 - 1800 -	(azy 9 7	Firm/Company)		
	4636 Bayo	cedar lone		
	Sarasota.	FL 34241 State and Zip Code)		
	(Ćity/	State and Zip Code)		
For further information con	cerning this matter, please of	call:		
Dean Burn	sīde	at ( 941 ) 915 - (Area Code & Daytime Te	1379	
(Name of I	Person)	(Area Code & Daytime Te	lephone Number)	
Enclosed is a check for the	ne following amount:			
	\$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)	
; I !	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 Tallahassee, FL 32301	ns	

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05/14/2007 09:26 9415151132 J:N-14-2007 08:06 JIM GAY CPA 95/11/2007 13:50 9416151132

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the Li	me <del>:</del> imited Liability Company i	is;		
Lazy Mari and with the form	9 Ranch L	LC mitted Company" or their althrevisions "	<del>ሀር ቁ ጊር.</del> ን	
ARTICLE II - A	Mren:	principal office of the Limite		
Principal Office Address:		Matting Address:		
4636 Bayes		4636 Bayceder Sarasota, FL	- (ane 34241	
(The Lizziani Liebility C	legistered Agent, Register lespeny counce serve as its own Re- active Florida registration.)	red Office, & Registered Age gistered Agest. You most designate as		
The name and the	Florida street address of the	e registered agent are:	OT JUN 18 AM	
	JIM GA	Υ	NIB H AHASSEE,	
	Nan	ne	SER	
		AVENUE EACT	mg <b>E</b> c	
	. Florida ptress :	address (P.O. Box <u>NOT</u> scoopsable)	FLOR	
	BRADENTON	w 342nB	空气 15	

Having been named as registered agont 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

Registred 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Dean A. Burnside 4636 Baycedar Lane Sarasota Fr 34241	
MGRM	Terri L. Burnside 4636 Baycedar Cone Sarasota, Fl 34241	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must b to or 90 days after the date of filing.)	date of filing: ((e specific and cannot be more than five bu	OPTIONAL) siness days prior
REQUIRED SIGNATURE:	Roule	O7 JUN 18 AM 11: 19 SECRE ARY OF STATE TALLAHASSEE, FLORID
(In accordance with se of this document const that the facts stated is		MII: 19 JF STATE
<u> </u>	T. BURNSIDE  rped or printed name of signee	

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)