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# ORIDA/FOREIGN LIMITED LIABILITY CO.

#### Lee's Lawn Care LLC

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## FAX AUDIT # HO 7000 188264

### ARTICLES OF ORGANIZATION Lee's Lawn Care LLC

ARTICLE I

NAME

The name of the limited liability company shall be: Lee's Lawn Care LLC

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 835 Delano Ave. NW, Palm Bay, Florida 32907.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Wilbur Lee Streetman Jr., 835 DelanovAve. and the control for NW, Palm Bay, Florida 32907. Located in the County of Brevard.

**ARTICLE IV** 

DURATION

The duration for the limited liability company shall be: 12/31/2047.

ARTICLE V

MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Wilbur Lee Streetman Jr., 835 Delano Ave. NW, Palm Bay, Florida 32907

Date: July 17, 2007

Business Filings Incorporated, Organizer

Terese Coulthard, Asst. Sec.

Authorized Representative

Prepared by Terese Coulthard, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717 (608) 827-5300

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## FÄXAUDIT# HO7000188264 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Lee's Lawn Care LLC

The name and address of the registered agent and office is Wilbur Lee Streetman Jr., 835 Delano Ave. NW, Palm Bay, Florida 32907. Located in the County of Brevard.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature

William I as Stepator on In

Date:

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SECRETARY OF STAIR