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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: AAA Lawn Care, Landscaping & Maintenance, LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Elliott U. Powell (Name of Person) AAA Lawn Care, Landscaping & Maintenance, LLC (Firm/Company) 15633 Jupiter Farms Road (Address) Jupiter, Fl. 33478 (City/State and Zip Code) For further information concerning this matter, please call: Elliott U. Powell

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & ✓\$160.00 Filing Fee,

Certificate of Status Certified Copy
(additional copy is enclosed)

ed Copy
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 Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TICL	E I	- Na	me

The name of the Limited Liability Company is:

AAA Lawn Care, Landscaping & Maintenance, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "Ll.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:
15633 Jupiter Farms Road	15633 Jupiter Farms Road
Jupiter, Fl. 33478	Jupiter Fl. 33478Elliott
Elliott U. Powe	ell
· · · · · · · · · · · · · · · · · · ·	Name
	raine
15633 Jupiter	
	Farms Road a street address (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.

Registered Agent's Signature (REQUIRED)

CRETARY OF STATE

(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:

MGR	Vincent Johnson	
	Parc Larruine P.O. Box 934502 Margate,Fl. 33093	
		,
MGR	Elliott U. Powell	
	15633 Jupiter farms Road	
	Jupiter, Fl. 33478	
(Use attachment if necessar)	v)	
LE V: Effective date, if other	r than the date of filing: (OPTIONA
	te must be specific and cannot be more than five bu	
days after the date of filing		

___Clum 11. Vower

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

that the facts stated herein are true.)

Elliott U. Powell

Typed 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)

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