

**LD8000032142**Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H08000079613 3)))



H0800007961334EC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : FASTKIT CORPORATE OUTFITS  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346**L. SELLERS**  
MAR 31 2008  
**EXAMINER****FLORIDA/FOREIGN LIMITED LIABILITY CO.****MOWED OVER, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

**RECEIVED**

08 MAR 28 PM 3:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 MAR 28 AM 7:57

**FILED**

H08000079613 3

**ARTICLES OF ORGINIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**MOWED OVER, LLC.**

**ARTICLE II – Address:**

The mailing address and street address of the principle office of the Limited Liability Company is:

**Principle Office Address:**

**Mailing Address:**

**514 SW 2<sup>ND</sup> AVE**

**514 SW 2<sup>ND</sup> AVE.**

**OCALA, FL 34471**

**OCALA, FL 34471**

**ARTICLE III – Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

**DEBYNA BALDWIN**

Name

**514 SW 2<sup>ND</sup> AVE**

Florida street address (P.O. Box **NOT** acceptable)

**OCALA, FL 34471**

City, State, and Zip

*Having been named as registered agent and to accept service of process for 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, Florida Statutes.*

  
Registered Agent's Signature

H08000079613 3

**FILED**  
2008 MAR 28 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H08000079613 3

**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:

MGRM

DEBYNA BALDWIN

PO BOX 1952

BRILEVILLE, FL 34421

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
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 penalties of perjury that the facts stated herein are true.)

DEBYNA BALDWIN

Typed or printed name of signer

H08000079613 3

**FILED**  
2008 MAR 28 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA