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| (Requestor's Name) (Address) (Address) (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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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status |
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Office Use Only



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Effective Date 12/12/08

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SECRETARY OF STATE BIVISION OF CORPORATION

T. HAMPTON

DEC 1 9 2008

EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|---|-------------|--|--|--|--|--|
| SUBJECT: AAA LAWN SERVICE | | | | | | |
| SUBJECT: (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: | | | | | | |
| BRIAN ORUNDO (Name of Person) | | | | | | |
| (Name of Person) | | | | | | |
| AAA LAWN SERVICE | | | | | | |
| (Firm/Company) | | | | | | |
| 2415 32NO. A VE. E. (Address) | | | | | | |
| (Address) | | | | | | |
| BRADENTON FLORIDA 34208 | 3 | | | | | |
| (City/State and Zip Code) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| BRIAN ORLANDO at (941) 485-9950 (Area Code & Daytime Telephone Number | <u> </u> | | | | | |
| (Name of Person) (Area Code & Daytime Telephone Number | r) | | | | | |
| Enclosed is a check for the following amount: | | | | | | |
| (additional copy is enclosed) Certified (| of Status & | | | | | |
| 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 | | | | | | |

Effective Date 12/12/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limite | d Liability Company is: | | | | |
|---|--|--|---|--|------------------------------|
| | a blacking Company is: | | | | |
| 4 | IAA LAWN S | ERVICE | LLC | | |
| | with the words "Limited Liabili | | | | |
| ADTICLE II AJJ | | | | | |
| ARTICLE II - Address The mailing address and | s: d street address of the pr | incipal office of | of the Limite | d Liability Comp | any is: |
| Principal Office Addre | ess: | Mailing Add | iress: | | |
| 21115 27 NO | AVE E | 2415 | 22NO. | AVEF | |
| BRADENTON 34208 | AVE.E. FLORIDA | BRADE | NTON 1 | AVE.E. FLORIDA OR | |
| | ered Agent, Registered y cannot serve as its own Regist Florida registration.) | | | | |
| The name and the Florie | da street address of the re | egistered agent | are: | | |
| | BRIAN C | RUSNAC | | | |
| | Name | | | | |
| | 2415 32 NG | 2 AVE.E | · · | | |
| | Florida street add | | |) | |
| / | SCADENTON | FL 30 | 1208 | | |
| | City, State, a | nd Zip | , | | |
| liability company at registered agent and ag statutes relating to the | registered agent and to a the place designated in the gree to act in this capacity to proper and complete per this of my position as regis | his certificate, i . I further agre rformance of m | hereby acce ee to comply ry duties, and | pt the appointmen with the provision I I am familiar wit | nt as ns of all th and |
| | Registered Agent's Signate | ure (REQUIRED) |) | 03 DEC 1 | SECRETA DIVISION OF |

(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: | Name and Address: | | |
|--|---|---|----------------------------|
| "MGR" = Manager "MGRM" = Managing Member | | | |
| MGR | BRIAN ORLANDO 2413 32ND AVE E. BRADENTON FLORIPA | <u>-</u> 3420 | 8 |
| | | | |
| | | | |
| | | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must be to or 90 days after the date of filing.) | date of filing: $\frac{12/12/08}{12}$. (OP e specific and cannot be more than five busin | TIONAL | |
| REQUIRED SIGNATURE: | En Th | | |
| Signature of a membe | r or an authorized representative of a member. | | |
| (In accordance with sec of this document consti that the facts stated h | ction 608.408(3), Florida Statutes, the execution stutes an affirmation under the penalties of perjury erein are true.) | | |
| BRI | | 08 DEC | SECRETARY DIVISION OF C |
| Filing Fees: | | - | TARY OF CO |

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

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