LU900000577

(Re	questor's Name)	•
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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O9 JAN -5 PH 4: 16

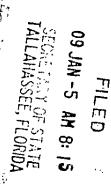
OFFICE SERVICES

ON JAN -5 PH 4: 16

B. KOHR

JAN - 6 2009

EXAMINER





ACCOUNT NO. : 072100000032

REFERENCE: 847147 7685367

AUTHORIZATION :

COST LIMIT : \$ 125

ORDER DATE : January 5, 2009

ORDER TIME : 3:13 PM

ORDER NO. : 847147-001

CUSTOMER NO: 7685367

DOMESTIC FILING

NAME: FANTASTIC LAWN SERVICES, LLC

EFFECTIVE DATE:

	ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
	RETURN THE FOLLOWING AS PROOF OF FILING:
	CERTIFIED COPY
XX	PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTAC	T PERSON: Harry B. Davis - EXT. 2926

EXAMINER'S INITIALS:

9 JAN-5 AN 8: 15

ARTICLE I - Name:	
The name of the Limited Liability Comp	eany is:
FANTASTIC LAWN SERVICES	, LLC
(Must end with the words "Limit	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
· · · · · · · · · · · · · · · · · · ·	The principal office of the Elimited Elaonity Company is.
-	Mailing Address:
-	
Principal Office Address: 1201 Jann Ave	Mailing Address:
Principal Office Address:	Mailing Address:

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

Corporation Service Company Name

1201 Hays Street

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

Tallahassee

business entity with an active Florida registration.)

FL 32301 City, State, and Zip

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.,

Corporation Service Company

BY: /s/ Harry B. Davis

Registered 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:

MGRM	FERTILIEN H JUSTILIEN
	1201 JANN AVE OPA LOCKA, FL 33054-3329
MGRM	MICHELIEN J JUSTILIEN Same
Use attachment if necessary)	
.E.V: Effective date if other than th	ne date of filing: (OPTIC

REQUIRED SIGNATURE:

/s/ FERTILIEN H JUSTILIEN

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.)

FERTILIEN H JUSTILIEN

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)