# 1090000 49614

(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:			
A. LUN:  MAY 2 1 2009	T		
Office Only  Office Only	_		



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SECKETARY OF STATE TALLAHASSEE, FLORIDA

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	ACE LANDSCAPING SERVICE LLC.
00001	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	KEVIN WARDLE
	Name of Person
	return all correspondence concerning this matter to the following:    VEVIN WARDLE   100
	215 CELEBRATION PLACE, SWITE 100 Address
	Address
	CECEBRATION, FL 34747  City/State and Zip Code
•	
_	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Person at (321) 559-1259  Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
_[\$125.	00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$\$Certified Copy (additional copy is enclosed)} \text{\$\$}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
ACE LANDSCAPIO (Must end with the words "Limited Liabi	NG SERVICE LLC  lity Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
215 CELEBRATION PLACE, SUITE 100 CELEBRATION, FL 34747	SUITE 100 PLACE S CELEBRATION, PL 367472
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the Interview Ward	tered Agent. You must designate an individual or another Registered agent are:
7656 SAN NEW Florida street address (P.O.	10 PLACE
Orimpo	FL 32835 nd Zip
City, State, a	nd Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe accept the obligations of my position as regis	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	ure (KEQUIKED)

(CONTINUED)

### Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

11.3

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:
"MGR" = Manager	Manush an
"MGRM" = Managing	viember
MGRM	RICHARD MARSHALL
	WINTER GARDON, FL 34787 S
45	
MORM	KOVIN WARDLE
	ORLANDO FL 32835 MG P
	<u> </u>
(Use attachment if neces	ssary)
NOVEL DAY	other than the date of filing: 20th MAY, 2009. (OPTIONAL)
n effective date is listed, the	e date must be specific and cannot be more than five business days prior
90 days after the date of fi	
DECLUDED SICNAT	une.
REQUIRED SIGNAT	URE:
	Most to
Signat	ure of a member or an authorized representative of a member.
of this	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury e facts stated herein are true.)
	HOVIN WARDLE
Filing Fees:	Typed or printed name of signee
ring rees:	

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

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