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(Requestor's Name)	
. (Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
	•
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
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Certified Copies Certificates of S	tatus
Special Instructions to Silica Officer	
Special Instructions to Filing Officer:	
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Office Use Only

EFFECTIVE DATE 7/14/09



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SECRETARY OF STATE
TALLAHASSEE, FLORING

D. BRUCE
JUL 15 2009
EXAMINER

COVER LETTER

Division (of Corporations					
SUBJECT:		Lawn Care, LLC				
	Name of Limit	ed Liability Company				
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.				
Please return all co	prrespondence concerning this mat	ter to the following:				
		Terry Sims				_
		Name of Person				
		Firm/Company				-
	4521	NE 28th Avenue				
	······································	Address				-
	Od	cala, FL. 34479	ŕ	SECR	Jr 60	63M
	Cit	y/State and Zip Code		<u> </u>		-
		ntez89@yahoo.com		755 755 755	+	
	E-mail address: (to be used	for future annual report notification	ı)	n P	<u></u>	
For further inform	ation concerning this matter, please	e call:	, C	ATS.	H: 5	C
	Terry Sims	_at (352)	_274-8489 [⊋]	577	23	
7	Name of Person	Area Code & Daytime	Telephone Number			
Enclosed is a che	eck for the following amount:					
_\$125.00 Filing I	Fee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Fil Certificate Certified C (additional co	of Sta	tus &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addresses Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Emineu Elability Company is.	
TJ Lawn Care	e, LLC
(Must end with the words "Limited Liabili	ty Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4521 NE 28th Avenue, Ocala, FL. 34476	Same
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 registration.	ered Agent. You must designate an individual or another
Terry S	ims $ \bar{P}_{\underline{\omega}} = 0 $
Name	OR LA
4521 NE 28t	h Avenue
Florida street address (P.O.	Box NOT acceptable)
Ocala, 34479	_ _{FL}
City, State, as	nd Zip CSTA :: U
liability company at the place designated in t registered agent and agree to act in this capacity 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 v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S.
Registered Agent's Signat	me (wedolked)

(CONTINUED)

EFFECTIVE DATE 7/7/09

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" = Manag "MGRM" = Man		
		
MGR	_	Terry Sims
		4521 NE 28th Avenue
		Ocala, Fl. 34479
MGRM		Jeff Manning
		4521 NE 28th Avenue
		Ocala, FL. 34479
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	-	
LEV: Effective	late, if other than the da	ate of filing: July¶, 2009 . (OPTIC
days after the da		pecific and cannot be more than five dusiness
REQUIRED SI	GNATURE:	in h
	Signature of a member o	or an authorized representative of a member.
		on 608.408(3), Florida Statutes, the execution
	of this document constituthat the facts stated herein	ates an affirmation under the penalties of perjury S_{77}^{52} in are true.)
		Terry Sims
	• • • • • • • • • • • • • • • • • • • •	d or printed name of signee
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