

Division of Corporations

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Page 1 of 1

Florida Department of State
Division of Corporations
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L. SELLERS

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

AUG 11 2009

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

EXAMINER

FLORIDA/FOREIGN LIMITED LIABILITY CO.

First Cuts Landscapes & Tractor Services, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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

ARTICLE I - Name

The name of the Limited Liability Company is: **First Cuts Landscape & Tractor Services, LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

3679 Colerain Road

P.O. Box 1241

Kingsland, GA 31548

Kingsland, GA 31548

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Linward James

Name

95138 Woodbridge Parkway, Apt. 106

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Fernandina Beach, FL 32034

(City / State / 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.


Registered Agent's Signature - Linward James

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Lionel James - 3679 Colerain Road, Kingsland, GA 31548

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Lionel James

Typed or printed name of signee

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