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FILEU 2010 JUN-3 MM 22 SECRETARY OF STATE SECRETARY OF STATE

JUN 4 2010 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Kent Smith Lawn Care LLC 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:			
Kent Smith Name of Person			
hent Smith Lawn Care LLC			
1416 South Evergreen Ave			
Clearwater FL 33756			
Kent. Smith ZI @ Yahoo. Com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Person at (727) 482 1891 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

 Δ

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kent Smith LZ (Must end with the words "Limited Liability	wn Lave III, ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1416 South Evergreen Ave Clearwater FL 33756	Same 1416 South Evergreen Ave Clearwater FL 33756
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
Clearwater	CRETARY CAHASSE

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

	s) or Managing Member(s): ach Manager or Managing Member is as fo	llows: 2010 JUN -3 AM 晦: 22
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Owner Operato President	Kent Smit	h vergreen Ave 1 33756
<u>Red</u>	There are n agents, man persons invo	bers, managers led in my UC
NA		
NA		
(Use attachment if necessar ARTICLE V: Effective date, if oth (If an effective date is listed, the date of filing	ner than the date of filing: M24/25 that the must be specific and cannot be more th	2010. (OPTIONAL) an five business days prior
<u>REQUIRED</u> SIGNATUR	Æ:	
VM Signature	of a member or an authorized representative of	a member.
of this doc	ance with section 608.408(3), Florida Statutes, the element constitutes an affirmation under the penalties cts stated herein are true.)	
	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)