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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

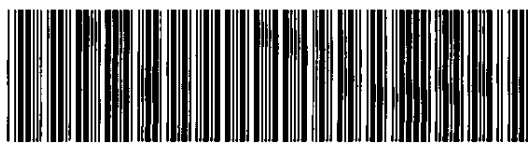
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

**TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS**

SUBJECT: LUMBERJACKS TREE MAINTENANCE LLC

THE ENCLOSED ARTICLES OF ORGANIZATION AND FEE(S) ARE SUBMITTED FOR FILING.

PLEASE RETURN ALL CORRESPONDENCE CONCERNING THIS MATTER TO THE FOLLOWING:

LUMBERJACKS TREE MAINTENANCE LLC
C/O WILLIAM RATTERMAN
568 EAST HALL ROAD
MERRITT ISLAND, FL 32953

FOR FURTHER INFORMATION CONCERNING THIS MATTER, PLEASE CALL:

WILLIAM RATTERMAN 321-452-9989

ENCLOSED IS A CHECK FOR THE FOLLOWING AMOUNT:

- \$125.00 FILING FEE
- \$130.00 FILING FEE & CERTIFICATE OF STATUS
- \$155.00 FILING FEE & CERTIFIED COPY*
- \$160.00 FILING FEE & CERTIFICATE OF STATUS & CERTIFIED COPY*

*(ADDITIONAL COPY ENCLOSED)

STREET ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
409 E. GAINES STREET
TALLAHASSEE, FL 32399

MAILING ADDRESS:

REGISTRATION SECTION
DIVISION OF CORPORATIONS
P O BOX 6327
TALLAHASSEE, FL 32314

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TALLAHASSEE, FLORIDA

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

STATE TOLSON OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE 1- NAME

THE NAME OF THE LIMITED LIABILITY COMPANY IS:

LUMBERJACKS TREE MAINTENANCE LLC

ARTICLE II - ADDRESS

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS

568 HALL ROAD
MERRITT ISLAND, FL 32953

MAILING ADDRESS

568 HALL ROAD
MERRITT ISLAND, FL 32953

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE:**

THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED AGENT IS:

WILLIAM RATTERMAN

568 HALL ROAD

MERRITT ISLAND, FL 32953

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

ARTICLE IV - MANAGER(S) OR MANAGING MEMBER IS AS FOLLOWS:

THE NAME AND ADDRESS OF EACH MANAGER OR MANAGING MEMBER IS AS FOLLOWS:

TITLE:	NAME & ADDRESS
"MGR"= MANAGER	
"MGRM"= MANAGING MEMBER	
MGR	WILLIAM RATTERMAN 568 EAST HALL ROAD MERRITT ISLAND, FL 32953

MGRM

MGRM

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 COUNTY PARTY OF STATE
 TALLAHASSEE, FLORIDA
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NOTE: AN ADDITIONAL ARTICLE MUST BE ADDED IF AN EFFECTIVE DATE IS REQUESTED.

REQUIRED SIGNATURE: WILLIAM RATTERMAN

x 
 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.)

WILLIAM RATTERMAN
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)