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(Re	equestor's Name)				
(Ac	ddress)				
(Ac	idress)				
(Ci	ty/State/Zip/Phone #	,			
PICK-UP	WAIT	MAIL			
(Bu	usiness Entity Name)				
·	. ,				
(Do	ocument Number)				
Certified Copies	Certificates of	Status			
Special Instructions to	Filing Officer				
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EXAMINER



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CRETARY OF STATE

SEE, FLORIDA

COVER LETTER

,0.	Division of Co				
SUBJE	CCT: Tuff Tur	f Lawn Care, LLC.			
			ed Liability Com	pany	
The end	closed Articles of	f Organization and fee(s) are s	submitted for fili	ng.	
Please	return all corresp	ondence concerning this matt	er to the followir	ıg;	
	Wes Miller				
			Name of Person		
			Firm/Company		
	SES CW Core	ld Copper Drive			
	353 SVV Gera	ld Conner Drive	Address		
	Lake City, FL	32024			
			y/State and Zip Co	de	
	wesmiller1979	@yahoo.com			
-		E-mail address: (to be used f	or future annual re	port notification)	
For fur	ther information	concerning this matter, please	e call:		
Wes I	Miller		at (_386	208-9886	
	Name	of Person	Area Co	de & Daytime Tele	phone Number
Enclos	sed is a check fo	or the following amount:			
□\$125.	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Fili Certified C (additional co		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314	Registra Divisio Clifton 2661 Ex	Courier Address ation Section no Corporations Building executive Center Cossee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
Tuff Turf Lawn Care, LLC. (Must and with the words "Limited Liability)	ty Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liabili	ty Compa	ny is:	,
Principal Office Address:	Mailing Address:			
353 SW Gerald Conner Drive Lake City, FL 32024	353 SW Gerald Connor Drive Lake City, Ft. 32024			
Loxabatchee	ered Agent. You must designate an individual of egistered agent are:		10 JUL 28 PH 12: 58	

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

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager 'MGRM"

Managing Member William Wesley Miller 353 SW Gerald Conner Drive Lake City, FL 32024 Owner Nickolas Ryan Miller 307 SW Gerald Conner Drive Lake City, FL 32024 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: 07/26/2010 . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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 Wesley Miller

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)