

H00000 8661

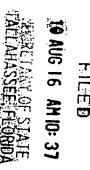
(1	Requestor's Name)		
(/	Address)	<u> </u>	
(4	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of 8	Status	
Special Instructions to Filing Officer:			

Office Use Only



800184057488

资本的。 08/16/10--01035--016,**130.00



S. HAWKES
AUG 1 7 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT:	OUNTRY Name of Limite	BOYZ LOW	n Care
The enclosed Articles of O	rganization and fee(s) are	submitted for filing.	
Please return all correspon	dence concerning this matt	er to the following:	
	Jennit	For L. Walke	<u> </u>
Cou		Lawn Care Firm/Company	
176 Old Jennings Road			
		PL 32065 ViState and Zip Code	
<u>j</u> .	en 192828	or future annual report notification)	
For further information cor			
Jennifer W	Valker	at (<u>904</u>) <u>213-4</u> Area Code & Daytime Telep	
Enclosed is a check for t	he following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ 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 Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Mustlend with the words "Limited Liah) COVE . C. C. pility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
176 Old Jennings Load Orange Park, FL 32065	176 Old Jennings Road Orange Park, FL 32005
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registerions) business entity with an active Florida registration.) The name and the Florida street address of the Name	istered Agent. You must designate an individual or another registered agent are:

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..

gistered/Agent's Signature (REQUIREI

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Jereny T. Walker 174 Old Jennings Ra. Orange Park, Fiz 32065	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the di (If an effective date is listed, the date must be sto or 90 days after the date of filing.) REQUIRED SIGNATURE:	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior	
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.)

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)