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Account Name : CSH SERVICES, LLC

Account Number : I20070000160 Phone : (800)494-3124

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FLORIDA LIMITED LIABILITY CO.

Highly Referred Tree Surgeons, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

HIGHLY REFERRED TREE SURGEONS, LLC

10 AUG 23 AM 8: 37
SECRETARY OF STATE

ARTICLE II ADDRESS

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

5350 SW 198 TERRACE SOUTHWEST RANCHES, FLORIDA 33332

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

RYAN MICHAEL FOLEY
5350 SW 198 TERRACE
SOUTHWEST RANCHES, FLORIDA 33332

Having been named as registered agent 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.

MICHAEL FOLEY / Registered Agent's signature

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HIGHLY REFERRED TREE SURGEONS, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
RYAN MICHAEL FOLEY
5350 SW 198 TERRACE
SOUTHWEST RANCHES, FLORIDA 33332

Signature of a member or an authorized representative of a memory (In accordance with section 608.408(3), Florida Statutes; execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.

RYAN MICHAEL FOLEY

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