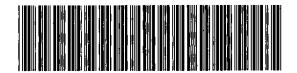
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(Request	tor's Name)	. ,
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to Filing	Officer:	
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TO ACKNOWLEDGE SUFFICIENCY OF FILIN NEILE I A E D DEPARTIMENT OF STATE OF CORPORATION

TILL SECRETARY OF SIX

a/16

COVER LETTER

TO: Registration Division of O	Section Corporations			
subject: So	nuthern Tur Name of Limi	Haintenance ted Liability Company	Services	L
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
DA	vid Bell	Name of Person		
		Name of Person	10 SE SECILLAR	I
		Firm/Company	ASS	SITE OF
221	EAST Tulip	, Ave	mg a	1
				Comm
De Fu	niak Spring	Ty/State and Zip Code	3 8 4 5	
<u>D3C</u>	E-mail address: (to be used	for future annual report notification)		
For further information	concerning this matter, pleas	e call:		
Name	e of Person	_ at () Area Code & Daytime Telep	hone Number	
Enclosed is a check f	for the 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 Cl	ircle	

Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the l		ity Company is:		
Southern	Turf	Maintenance	Services	LLC
4)	Must end with the v	vords "Limited Liability Company, "L.I	L.C.," or "LLC.")	•
ARTICLE II - A The mailing addre		address of the principal office	of the Limited Liab	ility Company is:

Principal Office Address:	Mailing Address:
221 East Tulio Ave	
De Funiak Springs F1. 32433	SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David B	se 11	
1	Name	
221 Enst To	ulip Ave	
Florida street address (P.O. Box NOT acceptable)		
DeFuniak Spr	11/15 FL 32433	
DeFuniak Springs FL 32433 City, State, and Zip		

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 Manag The name and address of each Manager	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR M	David Bell 221 East Tulip Ave De Funick Springs KL 32433
_mGRm	Barbic Rell 221 East Tulip Ave Defuniak Springs Fl. 32433
,	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be specified or 90 days after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury

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)

Typed or printed name of signee