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Special Instructions to Filing Officer:

L. SELLERS

DEC - 8 2010

EXAMINER

Office Use Only



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SECRETARY TO STATE

COVER LETTER

Division of Co				
_{subject:} Tiki T	urf Lawn Care			·
	Name of Limit	ed Liability Cor	npany	
The enclosed Articles of	of Organization and fee(s) are	submitted for fi	ling.	
Please return all corresp	oondence concerning this matt	ter to the follow	ing:	
<u>Anthony</u>	Batycki			
		Name of Person		
Tiki Turf	Lawn Care			
		Firm/Company		
14250 BI	uffton Court			
		Address		
Jacksonvill	e,FL 32224			
	Cit	y/State and Zip C	ode	
tikiturf@yah				
	E-mail address: (to be used t	or future annual r	eport notification)	
For further information	concerning this matter, please	e call:		
Anthony Batycki		at (904	588-491 ode & Daytime Te	7
Name	of Person	Area C	ode & Daytime Te	lephone Number
Enclosed is a check for	or the following amount:			
▼\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified (ling Fee & Copy opy 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	Regist Divisi Cliftor 2661 F	Courier Address ration Section on of Corporation Building Executive Center assee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tiki Turf Lawn Care LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
Tiki Turf Lawn Care	Tiki Turf Lawn Care
14250 Bluffton Court	14250 Bluffton Court
Jacksonville,FI 32224	Jacksonville,Fl 32224

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:

Anthony Batyck	
	Name
14250 Blufft	on Court
Florida	street address (P.O. Box NOT acceptable)
Jacksonville	_{FL} 32224
	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 Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Men	nber
MGRM	Anthony Batycki
	14250 Bluffton Court
	Jacksonville,Fl 32224
MGRM	Sabrina Batycki
 ,	14250 Bluffton Court
	Jacksonville,Fl 32224
MGRM	George Pillsbury
	3016 Towermill Lane
	Orange Park,Fl 32073
	
(Use attachment if necessar	у)
LE V: Effective date, if other	er than the date of filing: (OPTION
fective date is listed, the da days after the date of filing	te must be specific and cannot be more than five business da
REQUIRED SIGNATURI	E:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Anthony Batycki
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)