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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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T. CLINE

JAN 19 2011

EXAMINER

COVER LETTER

TO:	Registration of							
SUBJE	ст: _М	&	E	Law	n care	Service	, L. L.	<u> </u>
			Na	ame of Limi	ited Liability (Company		
The enc	losed Article	es of Orga	nization ai	nd fee(s) are	e submitted fo	r filing.		
Please r	eturn all cor	responden	ce concerr	ning this ma	tter to the foll	owing:	•	
	Mao	linal	h ·	Bono	1			
_			_ `		Name of Pers	son		
-					Firm/Compa	ny		
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		Œ-	mail addres	s: (to be used	l for future anne	ial report notification	1)	
For furt	ther informat	ion conce	rning this	matter, plea	se call:			
Ma	dina	n B	ond		at (35;	a Code & Daytime	-320	7
- 	Na	ame of Pers	son		Are	a Code & Daytime	l'elephone Numbe	r
Enclos	ed is a chec	k for the	following	g amount:				
\$125.00	Filing Fee		60.00 Filinertificate		Certific	O Filing Fee & ed Copy nal copy is enclosed)	Certificate Certified	e of Status &

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 Circle
Tallahassee, FL 32301

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

1.1	O.		Lawncare	Service	ر مسار مسا <i>ر</i> سا ا	
		(Must end	with the words "Limited Liabi	lity Company, "L.L.C.," or	"LLC.")	
ARTICL The mail			s: I street address of the p	rincipal office of the	Limited Liability Con	npany is:
Pri <u>ncipa</u>	l Offic	e Addre	ess:	Mailing Address	<u>:</u>	

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

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

ARTICLE I - Name:

 \mathcal{M}

The name of the Limited Liability Company is:

business entity with an active Florida registration.)

Madinah Bond

Name

27/0 Cypress Lake Rd
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 323/0

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

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11 JAN 19 PH & S.

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) _. (OPTIONAL) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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.) Madinah Bond
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)