L11000042829

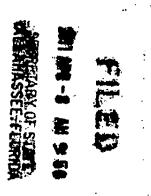
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	IAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
	ŀ

Office Use Only



700200823877

04/08/11--01014--026 **130.00



C. LEWIS

APR 1 1 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	4
SUBJECT: Rocky's Tree Service	4/L(,7)
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mate	
Joseph Anthony Rockhill	
	Name of Person
Rocky's Tree Service [[LC."
	Firm/Company
233 Thrush Ave	
	Address
Sebring FL. 33870	
	y/State and Zip Code
roakhilliustinee @paboo.com er	oderockz a ya hoo.com for future annual report notification)
E-mail address: (to be used i	for future annual report notification)
For further information concerning this matter, please	
Joseph Rockhill	863 $382-2377$ _{at (863)} 402-0757
Name of Person	at (Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$130.00 Filing Fee &	\$155.00 Filing Fee & \$160.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Address
Registration Section Division of Corporations	Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TIC	LE	I -	Name	:
----	-----	----	-----	------	---

The name of the Limited Liability Company is:

Rocky's Tree Service	e "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:	
233 Thrush Ave	233 Thrush Ave	
Sebring FL. 33870	Sebring FL. 33870	
ARTICLE III - Registered Agent, R (The Limited Liability Company cannot serve as it business entity with an active Florida registration	s own Registered Agent. You must designate an	
The name and the Florida street addre		
Joseph L	Name Name	
	INMITE	第2 上

Florida street address (P.O. Box NOT acceptable)

Sebr 11.9 FL 33870

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

<u>Title:</u>	Name and Address:
"MGR" = Manager	SAURETARY
"MGRM" = Managing Member	TABLAMES
MGR	Joseph A Rocklast
	233 Throsh Ave
	Saburne # 6 37820
``	
/	
	
(Use attachment if necessary)	
LE V: Effective date, if other than the	the date of filing: 9/9// (OPTIONAL)
nective date is usted, the date must	be specific and cannot be more than five business days
days after the date of filing.)	
days after the date of filing.)	
days after the date of filing.)	
days after the date of filing.)	her
days after the date of filing.) REQUIRED SIGNATURE:	ber or an authorized representative of a member.
days after the date of filing.) REQUIRED SIGNATURE: Signature of a member (In accordance with section 66)	ber or an authorized representative of a member. 28.408(3), Florida Statutes, the execution of this document 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)