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SECRETARY OF STATE ON DIVISION OF CORPORATION

N: Guttern MAY _ 9 2011

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: COCONUT COWBOY TREE SERVICE LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carolyn C. Lee Name of Person
Name of Person
Coconut Cowboy Tere Service LLC
507 Shadylawn Ave
Nokomis 7/ 34275 City/State and Zip Code
City/State and Zip Code Coconut Coubouttee Service & Concust. Net E-mail address: 16 be used for future annual report notification)
For further information concerning this matter, please call:
William Sear Lee at (127) 226-2216 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Coconut Cowbou Tax	ee Service LLC ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
507 Shadylawn Ave Norlomis 71 34275	507 Shadylawn Ave Nokomis 71 34275
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Carolyn C. Le	
\	ress (P.O. Box NOT acceptable)
Nokomis	FL 34275

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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 "MGRM" = Managing Member	Name and Address:
MGR	William Sean Lee 507 Shadylawn Ave Nokonis 71 34275
MGR	Carolyn C. Lee 507 Shadylawn ADE NOKOMIS 71 34275
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the fan effective date is listed, the date must or 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mem	SECRETARY OF CORPORATION OF CORPORATION OF CORPORATION OF CORPORT
constitutes an affirmation un-	608.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true formation submitted in a document to the Department of State

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)