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D. BRUCE

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EXAMINER

COVER LETTER

TO:	Registratio Division of	n Section Corporations			
SUBJE	cct: DC	S LANDSCAPING	L.L.C.		
30242		Name of Limit	ed Liability Company		
The end	closed Article	s of Organization and fee(s) are	submitted for filing.		
Please	return all corr	espondence concerning this mat	er to the following:		
	DAVID	CALISE			
·			Name of Person		
			Firm/Company		
	3198 A	MBASSADOR AVE			
•			Address		
(SPRING	HILL FL 34609			
•			y/State and Zip Code		
_	dcslands	caping@hotmail.com			
		·	or future annual report notification)		17
For fur	ther informati	on concerning this matter, please	call:	S S	
DAVID CALISE			at (352) 688 7516		
	Na	ne of Person	Area Code & Daytime Telephone Number		
Enclos	ed is a check	for the following amount:			
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy	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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company	y is:
D C'S LANDSCAPING L.L.	3 .
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3198 AMBASSADOR AVE	3198 AMBASSADOR AVE
SPRING HILL FL 34609	SPRING HILL FL 34609
	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another. The registered agent are:

DAVID CALISE

Name

3198 AMBASSADOR AVE

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

SPRING HILL

_{FL} 34609

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)

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	DAVID CALISE
	3198 AMBASSADOR AVE SPRING HILL FL 34609
(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must look days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
* Dult	Palni
	per or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein afe true. I rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.)
DAVID CALIS	SE TO SE TO
Т	
	THE STATE OF SIGNED

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)