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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

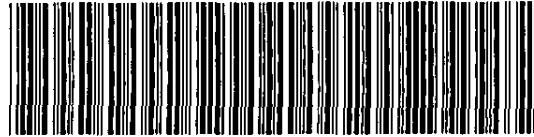
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AUG 18 2011

**EXAMINER**



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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

EFFECTIVE DATE 8/15/2011

**Advanced Incorporating Service, Inc.**

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [orders@advancedincorp](mailto:orders@advancedincorp)  
Website: [www.advancedincorp](http://www.advancedincorp)

NAME OF ENTITY	EFFECTIVE DATE <u>8/15/2011</u>
FOR OFFICE USE ONLY	

FILED STATE  
SECRETARY OF CORPORATIONS  
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PICK ONE:

☐ CERTIFIED COPY ☐ PHOTOCOPY

FILING:

☐ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER

RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
OF

APOSTILLE/CERTIFICATION REQUEST:

Country

Amount of Documents

DATE TIME

Notes:

EFFECTIVE DATE 8/15/2011

**ARTICLES OF ORGANIZATION**  
**FOR**  
**LAWN RESCUE OF FLORIDA, LLC**

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DIVISION OF CORPORATIONS  
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**ARTICLE I - Name**

The name of this Limited Liability Company is:

LAWN RESCUE OF FLORIDA, LLC

**ARTICLE II - Address**

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

**ADDRESS**

2631 Sussana Lane  
Titusville, FL 32780

**ARTICLE III - Registered Agent And Office And Registered Agent's Signature**

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

**NAME**

Jason R. Strain

**ADDRESS**

2631 Sussana Lane  
Titusville, FL 32780

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

  
\_\_\_\_\_  
Jason R. Strain, Registered Agent

#### **ARTICLE IV – Managing Members**

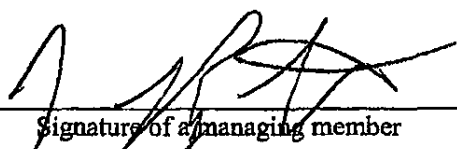
The names and addresses of the managing members are:

<u>NAME</u>	<u>ADDRESS</u>
Jason R. Strain	2631 Sussana Lane Titusville, FL 32780

#### **ARTICLE V – Effective Date**

The effective date for this Limited Liability Company shall be:

August 15, 2011

  
\_\_\_\_\_  
Signature of a managing member

(In accordance with section 608.408(8), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Jason R. Strain, Managing Member  
(Typed or printed name of signee)