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EXAMINER

## **Cover Letter**

## Joshua Larew

(407) 718-0794

2011 SEP 23 PH 120 26
SECRETARY OF STATE
TALLAHASSEF, FI OPINY

4018 Woodsong Dr. Orlando Fl. 32817

#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	· · · · · · · · · · · · · · · · · · ·		
	Name of Limited Liability Company		
The en	closed Articles of Organization and fee(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Joshua Larew		
	Name of Person		
	Firm/Company		
	4018 Woodsong Dr.	SECH	2011 SEP 23
	Address	HAS	ĘĘ,
(	Orlando, Florida 32817	SEE	•
	City/State and Zip Code joshlarew@yahoo.com	FLOA	PH 128/2
-	E-mail address: (to be used for future annual report notification)	D.F.	<b>8</b> 9
For fur	ther information concerning this matter, please call:		
Josh	Name of Person at (407) 718-0794  Area Code & Daytime Telephone Number	<u></u>	
	Name of Person Area Code & Daytime Telephone Numo	21	
Enclos	sed is a check for the following amount:		
\$125.00	O Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$  Certificate of Status Certified Copy Certificat (additional copy is enclosed)  Certified (additional copy is enclosed)	te of Stat Copy	tus &
	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:

### TropiCare Landscape & Maintenance 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:

Mailing Address:	
4018 Woodsong Dr. Orlando Fl, 3281	<b>17</b>
red Agent. You must designate an individual or ano	ure: other 2011 SEP 23
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ر ماری کاری	R D
ess (P.O. Box NOT acceptable)	<u>क</u> ः
FI 32817	<b>℃</b>
re	Office, & Registered Agent's Signate and Agent. You must designate an individual or and egistered agent are:

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..

eg)stered Agent' 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	Name and Address:
"MGRM" = Managing Member	
MGR	Joshua Larew
	4018 Woodsong Dr. Orlando Fl. 32817
(Use attachment if necessary)  LE V: Effective date, if other than the ffective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days pr
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days pro-
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