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SECRETARY OF STATE
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J. SAULSBERRY EXAMINER

OCT 6 2011

COVER LETTER

TO: Registration of Division of	on Section f Corporations			
SUBJECT:	Cutting's La	ted Liability Company	"LLC"	
The enclosed Article	es of Organization and fee(s) are	submitted for filing.		
Please return all cor	respondence concerning this mat	tter to the following:		
	Larry D. C	Name of Person		
	Cutting's Lo	run Service Firm/Company		
	8305 Boxw	and Drive	SEP 2/1 RETARY AHASSET	
		ty/State and Zip Code ting jr @ very for fundre annual report notification)	AM 8: 52 OF STATE E. FLORID	
	Larry. cut	ting ir @ veri	zon ner	
	ion concerning this matter, pleas			
	k for the following amount:	Area Code & Daytime Tele	phone Number	
]\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section	Street/Courier Address Registration Section Division of Corporation	5	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	y Company is:	
Cutting's (Must end with the wo	Lawn Service 126 ords "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
ARTICLE III - Registered Age	ent, Registered Office, & Registered Agent's Signature: ve as its own Registered Agent. You must designate an individual or another	
business entity with an active Florida regis		
	Address of the registered agent are: ALLAHASSE Name ALLAHASSE Name	

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

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGRM" = Managing Member	
"MGR" Larry Cutting Jr. 8305 Boxwood Drive Tampa Fl 33615	
ZOU SEP Z	<u> </u>
RYOF STATE SEE, FLORIDA	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date of filing: $9-23-1/$. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days to or 90 days after the date of filing.)	
REQUIRED SIGNATURE:	

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed or printed name of signes

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)