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SECRETARY OF STATE

T. CLINE

OCT 18 2011

**EXAMINER** 

## COVER LETTER

Division of Corporations	
SUBJECT: JESSE LAND LOWN Core LLC  Name of Limited Liability Company	
Name of Diffited Diability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Jesse Land	
Name of Person	
Jesse LAND Lawn Care LLC Firm/Company	
4631 Lincoln Street	
Lake Wales, Fla. 33859 City/State and Zip Code	
Keyvonta @ Concast. xt	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jesse LAND at (863) 255-6719	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$  Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}\$  Certified Copy (additional copy is enclosed)  Certified Copy (Additional copy is enclosed)	
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Jesse Land Land Care L.L.C.  (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 Liabi	lity Company is:
Principal Office Address: Mailing Address:	
4631 Lincoln Street LK. Wales, Fla. 33859	<u> </u>
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Si (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Jesse LAND	
Name	
Florida street address (P.O. Box NOT acceptable)	
LK. When FL 37159 City, State, and Zip	
Having been named as registered agent and to accept service of process for the about liability company at the place designated in this certificate, I hereby accept the a registered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am faccept the obligations of my position as registered agent as provided for in Chap	ppointment as e provisions of all imiliar with and
	201 FAC
Registered Agent's Signature (REQUIRED)	CANA CARETA
(CONTINUED)	2011 OCT 14 PM 1: SECRETARY OF STA
Page 1 of 2	<b>5</b> 2 _

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:
MGRW - Wanaging Weinber	Jesse LAND 4631 Lincoln ST. LK Lordes, Th 3705
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	te of filing: 10-9-11. (OPTIONAL) pecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member of	r an authorized representative of a member.
(In accordance with section 608.40) constitutes an affirmation under the	8(3), Florida Statutes, the execution of this document epenalties of perjury that the facts stated herein are true on submitted in a document to the Department of State
<u>Jess€</u> Typed	or printed name of signee
Filing Fees:	or printed name of signee  CLARE ARE ARE ARE ARE ARE ARE ARE ARE ARE
\$125.00 Filing Fee for Articles of Organiza of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	OF SIA