10/31/2011 3:49:18 PM -0400 POWERED BY ORCAFAX

٢

÷

Ģ

б

 $(\gamma\gamma)$ 

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000260322 3)))



H110002603223ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850) 617-6383 From: Account Name : fUBCO Account Number : 104662003400 Phone : (516) 935~3940 Fax Number : (516) 935~3088

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Brail Address: Foster 614890@bellsouth wet

RECEIVED OCT 31 PM S 21 CRETARY OF STATE LAHASSEE. FLOND

.

Vic's Tree Service LLC	
Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FLORIDA LIMITED LIABILITY CO.

N. Cuiligen NOV 1 - 2011

### 10/31/2011 3:49:18 PM -0400 POWERED BY ORCAFAX

ဘ္

#### H11000260322

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the Limited Liability Company is: Vic's Tree Service LLC

#### ARTICLE II - Address

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

Principal Office Address:

#### <u>Mailing Address:</u>

1433 NE 592 Street

1433 NE 592 Street

Old Town, FL 32680

Old Town, FL 32680

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature The name and Florida street address of the registered agent are:

Victor Foster

1433 NE 592 Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Name

Old Town, FL 32680

(City / State / 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.

Page 1 of 2

Registered Agent's Signature - Victor Foster

H11000260322

## 10/31/2011 3:49:18 PM -0400 POWERED BY ORCAFAX

PAGE 3 OF 3

H11000260322

ARTICLE IV - Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

#### Title:

## Name and Address:

"MGR" – Manager "MGRM" – Managing Mcmber

MGR

Victor Foster - 1433 NE 592 Street, Old Town, FL 32680

MGR

Jesse Kinder - 1433 NE 592 Street, Old Town, FL 32680

(Use attachment if necessary)

**REQUIRED SIGNATURE:** 

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true.)

Victor Foster

Typed or printed name of signee

Page 2 of 2

OCT 31 AM

9: 10