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SECRETARY OF STATES

J. SAULSBERRY EXAMINER JAN 23 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Armiger Lawn Services L.L.C. Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stanley D. Armiger Jr. Name of Person
Armiger Lawn Services L.L.C. Firm/Company
17409 Lakeshore Rd. Address Lutz, FL 33558
City/State and Zip Code
JSJL @ Tampa Bay. Cr. Coming & IT
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Stanky Armiger Jr, at (813) 453-9608 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} \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Armiger Lawn Services L.L.C. (Must end with the words "Limited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
17409 Lakeshore Rd 17409 Lakeshore Rd. Lutz, FL. 33558 Lutz, FL. 33558
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual oranother business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Stanley D. Armiger Jr.
The name and the Florida street address of the registered agent are: Stanley D. Arniger Jr. Name Name
Name Name 17409 Lakeshore Rd. Florida street address (P.O. Box NOT acceptable)
1-utz 81 33558

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Stanky Armiger Jr.
	TA _S
	ECRETARY OF S
Use attachment if necessary)	STATE. LORID

REQUIRED SIGNATURE:

Signature of a member of 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 senee

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)