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(Requestor's Name)
(Address)
(ida. sse,
(Address)
(City/State/Zip/Phone #)
. /
PICK-UP WAIT MAIL
□ 7
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

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12 APR 16 AM 10: 22

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15 APR 16 AM 10: 22

16 APR 16 AM 10: 22



COVER LETTER .TO: Registration Section Division of Corporations SUBJECT: 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: E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code & Daytime Telephone Number Enclosed is a check for the following amount:

Mailing Address

\$125.00 Filing Fee \$130.00 Filing Fee &

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limite	d Liability Company i	is:		
AUDINTED (Must end	TOUCH LAWN	CARE MA	Lauscard	He.
(Must end	with the words "Limited Lie	ibility Company, "L.I	C.," or "LLC.")	
ARTICLE II - Addres The mailing address and		principal office	of the Limited Liab	ility Company is:

ARTICLE I - Name:

Principal Office Address:

KICHARD DIXON TR. KICHARD DIXON TR.	<u> </u>		
ORANGE PARK, FL. 32065 ORANGE PARK, FL. 32	300		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's & (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individualiness entity with an active Florida registration.)			
The name and the Florida street address of the registered agent are:	— ETGC:	15 APR	
Name		~ 5 5	
Florida street address (P.O. Box NOT acceptable)	<u> </u>	₹	
ORNGE PACK FL 32065 City, State, and Zip	RIDA	En En	

Mailing Address:

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)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	RICHAR DIKON TO.
	1549 IBIS DR. DRANGE PALX, FL. 32065
"MGR "	TROUBLENE L. CAPENER
7 (1549 IBIS DR., FL. 32065
(Use attachment if necessary))
CLE V: Effective date, if other	than the date of filing: (OPTION must be specific and cannot be more than five business dates
CLE V: Effective date, if other offective date is listed, the date do days after the date of filing.) REQUIRED SIGNATURE	than the date of filing: (OPTION must be specific and cannot be more than five business date
CLE V: Effective date, if other effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE Signature of the date of days after the date of filing.)	than the date of filing:
CLE V: Effective date, if other ffective date is listed, the date days after the date of filing.) REQUIRED SIGNATURE Signature of (In accordance with seconstitutes an affirma I am aware that any file.)	must be specific and cannot be more than five business days member or an authorized representative of a member of an authorized representative of a member of this document attention under the penalties of perjury that the facts stated heroin are true also information submitted in a document to the Department of States.

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

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)