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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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EXAMINER

COVER LETTER

TO: Registrati Division o	ion Section of Corporations		and the second s	•
ST	ANFORD LAWN S	SERVICES L.L.C.		
SUBJECT: 51	Name of Lin	nited Liability Company	 _	
The enclosed Artic	cles of Organization and fee(s) a	re submitted for filing.		
Please return all co	orrespondence concerning this m	atter to the following:		
<u>Herma</u>	an Grant	Name of Person		
O:	ud lavama amilana	Name of reison		
<u></u>	u-Lawir services E	Firm/Company		
		rum/Company		
3448 A	lissa Court			
		Address		
Orlanda	Florido 22000			
Onando,	Florida 32808	ty/State and Zip Code		
stanfords	awn@gmail.com	system and sup code		
Starriorare		for future annual report notification)		
For further informati	ion concerning this matter, pleas	e call:		
H. Francis		at (407 407-2504		
	me of Person	at (407) 407-2504 Area Code & Daytime Tele	phone Number	
Enclosed is a check	k for the following amount:			
\$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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	>20	74 th

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STANFORD LAWN SERVICES 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 Liability Company is:

Principal Office Address:	<u> Mailing Address:</u>	
3448 Alissa Court	3448 Alissa Court	
Orlando, Fl 32808	Orlando, Fl 32808	
		_

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 or another

The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

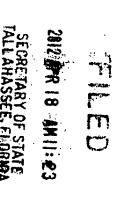
Hearlow F	rancis
	Name
1832 R	ushwood Court
	Florida street address (P.O. Box NOT acceptable)
Orlando	_{FL} 32808
	City State and Zin

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Member	•
MGR	Hearlow Francis
	
 	
(Use attachment if necessary)	
	an the date of filing: (OPTIONAL nust be specific and cannot be more than five business days
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