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(Re	equestor's Name)
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(Cit	ty/State/Zip/Phor	ne #)
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B. BOSTICK MAY - 8 2012 EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FRONTLine LAWN CARE Services LLC 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:	
Willie Henry Herring DR Name of Person	
FRONTLine HAWN CARE Scruices LLC Firm/Company	
102 EIM AVE Address	
Havang, Fl. 32333 City/State and Zip Code	
JANET HERR IN 6 319 a Wn Convect. Con E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Willie H. Herring de at (950) 510-8226500 99 Name of Person Area Code & Daytime Telephone Number 250	(H)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee . V\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited L	iability Company is:		•
FRONTline LAN	on Cape Sc	ruices LiLC	
(Must end wit	h the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	•		
	reet address of the pr	rincipal office of the Limited I	Liability Company is:
	·	•	
Principal Office Address:	_	Mailing Address:	
102 EIM AVE		P.O. BOX 572	
Havana, Fl.		Havana, Fl.	
32333		32333	
		d Office, & Registered Agent stered Agent. You must designate an ind	
business entity with an active Flor			Þσ.
The name and the Florida s	street address of the	registered agent are:	
	,	7	PRI E
<u>Wi</u>	lie Henry	TERRING UK	(A)
•	rame		_ ¤< _ •
10 ã	FIM AVE.	<u> </u>	
•	Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)	
	Havana	FL 32333 rate, and Zip	
 	City, St	ate, and 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..

Registered Agent's Signature (REQUIRED

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM Managing Member	Wille Heary Herringon 102 EIM AVE Havana, Fl. 323330
· ·	
	ORIDA
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONAL ne specific and cannot be more than five business days
ICLE V: Effective date, if other than the effective date is listed, the date must be	e date of filing: (OPTIONAL ne specific and cannot be more than five business days
ICLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: (OPTIONAL ne specific and cannot be more than five business days Here we are an authorized representative of a member.

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

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

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