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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

, COVER LETTER

TO:

Registration Section

Division of Corporations	ं भी
SUBJECT: E T Lawn Care LLC	
56 26 261.	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this man	tter to the following:
Etsuo Mitarai	
	Name of Person
E T Lawn Care LLC	
	Firm/Company
10433 Pointview Court	
	Address
Orlando, Florida 32836	
	ty/State and Zip Code
emex50@hotmail.com	for future annual report notification)
For further information concerning this matter, pleas	•
Etsuo Mitarai	_{at (} 407) 970-5426
Name of Person	at (407) 970-5426 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & Signature Signa
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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	s:
The hanc of the Diffice Blacking Company is	•
E T Lawn Care LLC	
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10433 Pointview Court	10433 Pointview Court
Orlando, Florida 32826	Orlando, Florida 32826
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Reg business entity with an active Florida registration.)	
The name and the Florida street address of the	registered agent are:
Mr. Etsuo Mitarai	
Nam	e
10433 Pointview	Court
	ddress (P.O. Box <u>NOT</u> acceptable)
Orlando	_{FL} 32826
City, S	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S
Registered Agent's Sign	ature (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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Memb	er er
Owner	Mr. Etsuo Mitarai
	10433 Pointview Court
	Orlando, Florida 32826
	· · · · · · · · · · · · · · · · · · ·
Olivery to a 16	
(Use attachment if necessary)	
LEV: Effective date, if other	than the date of filing: (OPTIONAL
ffective date is listed, the date days after the date of filing.)	must be specific and cannot be more than five business days
days after the date of ining.)	
REQUIRED SIGNATURE:	
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Signature of a member or 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.)

Etsuo Mitarai

Typed or printed name of signee

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)