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12 JUN 14 PM 4: 49
SECRETARY OF STATE

COVER LETTER

TO:		on Section f Corporations	
SUBJI	_{ECT:} Tur	f's Up Lawns LLC	
		Name of Limite	ed Liability Company
The en	closed Articl	es of Organization and fee(s) are	submitted for filing.
Please	return all con	respondence concerning this matt	er to the following:
	H. Dav	rid Stach	
			Name of Person
	Turf's l	Jp Lawns LLC	
			Firm/Company
	3321 F	Rosa Avenue	
			Address
	New Sm	yrna Beach, FL 3216	38
			//State and Zip Code
	jenniferw	stach@gmail.com	or future annual report notification)
E 6			•
ror tur	ther informat	ion concerning this matter, please	Call:
Jenn	ifer Stacl	1	at (386) 314-5596
	N	ame of Person	Area Code & Daytime Telephone Number
Enclos	sed is a chec	k for the following amount:	
]\$ 125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

Turf's Up Lawns LLC

(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:	Mailing Address:	
3321 Rosa Avenue	3321 Rosa Avenue	
New Smyrna Beach, FL 32168	New Smyma Beach, FL 32168	

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 business entity with an active Florida registration.)

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

Jennifer Stach	
Name	
3321 Rosa Avenue	
Florida street address (P.O. Box NOT accepta	ble)
New Smyrna Beach _{FL} 32168	
City, State, 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)

Page 1 of 2

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SECRETARY OF STATE
AND SECRETARY OF STATE

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

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Me	Name and Address: ember
MGRM	H. David Stach 3321 Rosa Avenue New Smyrna Beach, FL 32168
(Use attachment if necessar	ary)
CLE V: Effective date, if of effective date is listed, the d 00 days after the date of filir	her than the date of filing: (OPTIONAL late must be specific and cannot be more than five business days ng.)
<u>REQUIRED</u> SIGNATUI	₹ E:

(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.)

H. David Stach

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)