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TALLAHASSEE, FLORING

J. BRYAN

AUG 1 7 2012

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Preston's Lawn Service, 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:
Preston Gibson 質量工
Name of Person
Firm/Company 1506 F. Louisiana Ave. 35
IFOLD E LOUISIONA AN
Address Address
Tampa Pl. 33610
City/State and Zip Code
Whynotme 31180 @ 40h00. Com 13-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Preston Gibson 127, 519-5842
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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:	
Preston's Lawn Service LLC. (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	
(Must end with the words Elimited Liability Company, E.E.C., or E.C.)	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Compa	any is:
Principal Office Address: Mailing Address:	
1506 E. Louisiana Ave Same	
Tampa, #L 33610	
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:	
Name Recovery State address (P.O. Box NOT acceptable)	
Tampa FL 3-3614 City, State, and Zip	MH : 43
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with	nt as ns of all h and

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM" = Managing Member MGRM" = Managing Member	Aketta Gibson 1506 E. Lausiana Ave Tampa FL. 33410
	
	99 12 A
	ALC MHASSE
(Use attachment if necessary)	
	date of filing: (OPTIONAL) specific and cannot be more than five business days [

<u>REQUIRED</u> SIGNATURE:

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.)

STOY) OLDOON

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)