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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan DEC - 3 2012

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Donnie Owens Tree 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:

Glenn D. Storch, Esquire

Name of Person

Storch & Harris, P.A.

Firm/Company

420 South Nova Road

Address

Daytona Beach, Florida 32114

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Glenn D. Storch

Name of Person

at (**386**) **238-8383**

Area Code & Daytime Telephone Number

Enclosed is a check 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 Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I:

The name of the Limited Liability Company is:

DONNIE OWENS TREE SERVICE, LLC

ARTICLE II:

The mailing address and street address of the principal office of the Limited Liability Company is:

**1807 Pioneer Trail
New Smyrna Beach, FL 32168**

ARTICLE III: DURATION


The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one member and the name and address of this member who is to serve as manager is:

**McDonald Owens
1807 Pioneer Trail
New Smyrna Beach, FL 32168**

The Limited Liability Company is to be managed by one member and is a member-managed


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.)

McDonald Owens
Typed or printed name of signee

ARTICLE V: REGISTERED AGENT

The name and the Florida street address of the Registered Agent are:

**McDonald Owens
1807 Pioneer Trail
New Smyrna Beach, FL 32168**


Having been named as registered agent and to accept service of process for the above state 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.


Signature of Registered Agent

ARTICLE VI: ORGANIZER

The name and address of the organizer of these Articles of Organization is McDonald Owens, 1807 Pioneer Trail, New Smyrna Beach, FL 32168.

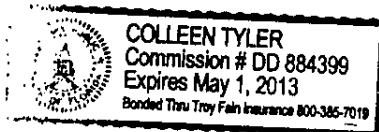
IN WITNESS WHEREOF, the undersigned organizer has executed these Articles of Organization this 20th day of November, 2012.

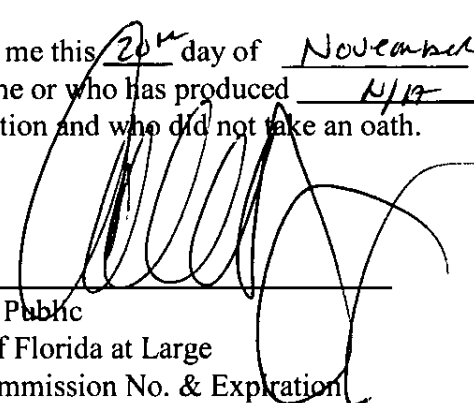

McDonald Owens

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 20th day of November, 2012, by **McDonald Owens**, who is personally known to me or who has produced N/A as identification and who did not take an oath.

(Seal)




Notary Public
State of Florida at Large
My Commission No. & Expiration

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TALLAHASSEE, FLORIDA