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SECRETARY CONTRACTOR
ALL ANASSEE PLANS

(850) 245-6051. *

COVER LETTER

TO: Registration Division of C			
SUBJECT: Lone W	/olf Landscape and Lawn	, LLC	
		ed Liability Company	
The enclosed Articles	of Organization and fec(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Jeffery Gray	/ Sr.	
		Name of Person	
	Lone Wolf L	andscape and Lawn, LLC	
		Firm/Company	
	1255 26th Av	enue	
		Address	
	Vero Beach	FL, 32960	
	Cir	ty/State and Zip Code	
	Famail address: (to be used	or future annual report notification)	
For further information	concerning this matter, please	•	
Jeffery Gray	Sr.	t (772)532_2109 Area Code & Daytime Telep	
Enclosed is a check i	for the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	rele

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Lone Wolf Landscape and Lawn, 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:			
Trincipal Office Address.	Maning Address:			
1255 26th Avenue	1255 26th Avenue			
Vero Beach FL 32960	Vero Beach FL 32960			
ARTICLE III - Penistered Agent Penistered	Office & Pagistared Agent's Signature			
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:				
Incop Senires, Inc. 普美丽				
Name				
17000 17TH Com	ch MacHa			
11888 PT (ONCH MOCHA)				
Florida street address (P.O. Box NOT acceptable)				
LOXANUTCIVLE FL 334 10				
City, State	e, and Zip			
Having been named as registered agent and to ac	ccept 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				
	performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S			
A D	otorea agoin as provincingo, in chapter coo, y.s.			
/ harly lains 1				
on behalf of Incorp Services, Inc. Registered Agent's Signature (REQUIRED)				
Registered Agent's Signatur	e (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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Jeffery Gray Sr MGR 1255 26th Avenue 32960 Vero Beach **MGRM** Rosemary Gray 1255 26th Avenue Vero Beach FL 32960 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics 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.)

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)

Jeffery S Gray Sr
Typed or printed name of signee