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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section Division of Corporations

Boyds Home N Lawn, 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:

Darin J Boyd		TAS TO THE
	Name of Person	1
	Dissa (Company)	55 P. P.
	Firm/Company	بي ۾ آي
351 Plum Dr		TO THE SE
	Address	7
Orange City, FL 3	2763	
	City/State and Zip Code	
pena1797@bellsouth.ne	et	
E-mail address: (to be	used for future annual report notification)	
ther information concerning this matter,	please call:	

For fu

Yvonne Pena	407	, 522-1797
Name of Person	\	& Daytime Telephone Number
Enclosed is a check for the following amount:		

Enclosed is a check for the following amount:

□ \$160.00 Filing Fee, **□\$155.00** Filing Fee & \$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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:				
Boyds Home N Lawn, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Addres	ge•			
		of the principal office of the Limited Liability C	Company is:	
Principal Office Addr	ess:	Mailing Address:		
1261 16th St.		351 Plum Dr	_	
Orange City, FL 32763	•	Orange City, FL 32763	• -	
<u>Yvo</u>	da street address nne Pena B Emerald Estates C	Name Diricle	FN -9 FT	
	Florida	a street address (P.O. Box NOT acceptable)	55	
A	Apopka,	FL 32703	fi U	
		City, State, and Zip		
liability company at registered agent and a all statutes relating to	the place design agree to act in the the proper and tions of my positi	nt and to accept service of process for the above so nated in this certificate, I hereby accept the appoint his capacity. I further agree to comply with the pro- il complete performance of my duties, and I am fan ion as registered agent as provided for in Chapte ht's Signature (REQUIRED)	ntment as rovisions of miliar with	

(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:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Darin J Boyd
	351 Plum Drive
	Orange City, FL 32763
Use attachment if necessary)	
	/ 1
	05/02/2013
EV: Effective date, if other than the	e date of filing: 5/4/2013 the specific and cannot be more than five busing
LE V: Effective date, if other than the	e date of filing: 6/4/2013 t be specific and cannot be more than five busin
LE V: Effective date, if other than the fective date is listed, the date must	e date of filing: 6/4/2019 . (OPTION to be specific and cannot be more than five busin
JE V: Effective date, if other than the fective date is listed, the date must	e date of filing: 6/4/2019 . (OPTION to be specific and cannot be more than five busin
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	e date of filing: 6/4/2013 to the specific and cannot be more than five busing A. Bayd
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: 6/4/2013 et be specific and cannot be more than five busin Baya er or an anthorized representative of a member.
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of	er or an anthorized representative of a member. 8.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a	er or an anthorized representative of a member. 8.408(3), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.

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)