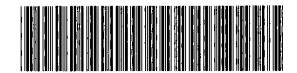
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(Re	equestor's Name)	-
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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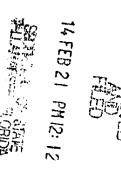
Office Use Only



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DEPARTMENT OF STAT



FEB 2 1 2014 T BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Better Cuts Lawn Service LC 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:
Antisha Williams Name of Person
Firm/Company
51041 Old Hickory LA.
City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code Correction E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status}\$\$ 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

ARTICLE II - Name: The name of the Limited Liability Company is: | Cuto | Cuto

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 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Fitle: AMBR" = Authorized Member MGR" = Manager	Name and Address:
AMBR	Free Williams
	Taleanaser, FU 3220-
	
•	
V: Effective date, if other than the cetive date is listed, the date must be filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 96
ctive date is listed, the date must be filling.) CVI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9
V: Effective date, if other than the of tive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation to I am aware that any false in	member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. nformation submitted in a document to the Department of State elong as provided for in s.817.155, F.S.) Typed or printed name of signee