

4/24/2014

L140000980083

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000098008 3)))



H140000980083ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: willielawnncare@live.com

FILED
2014 APR 24 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
14 APR 24 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Willie Lawn Care and More LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

APR 25 2014

J BRUC

H14000098008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Willie Lawn Care and More 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:1772 Clarcona Road
Apopka, FL 32703Mailing Address:1772 Clarcona Road
Apopka, FL 32703

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:

Willie Carmichael

Name

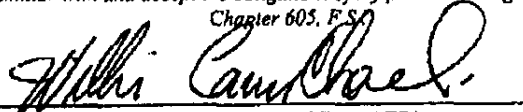
1772 Clarcona RoadFlorida street address (P.O. Box **NOT** acceptable)Apopka

City

FL 32703

Zip

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)

Willie Carmichael

(CONTINUED)

Page 1 of 2

FILED
2014 APR 24 AM 9:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

H14000098008

H14000098008

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Willie Carmichael

1772 Clarcona Road

Apopka, FL 32703

Janice Carmichael

1772 Clarcona Road

Apopka, FL 32703

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Willie Carmichael

Typed or printed name of signee

FILED
2014 APR 24 AM 9:47
OFFICE OF THE
CLERK OF STATE
TALLAHASSEE, FLORIDA

H14000098008