

L1400009896038

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.

(((H14000098960 3)))



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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305) 552-5973 Fax Number : (305) 220-1440

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. BLUE MAGNOLIA LAWN CARE LLC.

Table with 2 columns: Item, Value. Rows: Certificate of Status (1), Certified Copy (0), Page Count (03), Estimated Charge (\$130.00)

RECEIVED 14 APR 25 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED 2014 APR 25 PM 3:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FROM : LAZARUS

FAX NO. : 3052281448

Jul. 25 2008 01:13PM P1

H14000098960

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blue Magnolia Lawn Care 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:

13960 Old Cutler Rd.
Palmetto Bay FL 33158

Mailing Address:

13960 Old Cutler Rd.
Palmetto Bay, FL 33138

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:

Raul R. Isusi
Name

13960 Old Cutler Rd.
Florida street address (P.O. Box NOT acceptable)

Palmetto Bay FL 33158
City, State, and 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 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE FLORIDA

03/06/2032 02:08
Apr 24 14 03:25p

MCCI Midway Medical Center

SUB 2001111

#3093 P.003/003
P.4

FROM : LAZARUS

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

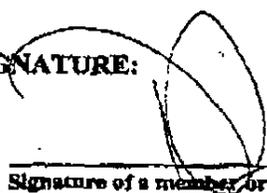
Magnolia ISUSI
13960 Old Cutler Rd.
Palmetto Bay FL 33158

(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.)

REQUIRED SIGNATURE:



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.)

RAUL ISUSI

Typed or printed name of signer

2014 APR 25 PM 3:27
TALLAHASSEE FLORIDA

FILED

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)

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