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B. BOSTICK
MAY 7 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Parker's General Home Repair and Tree Serv Name of Limited Liability Company "LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alten Glenwood Parker Jr. Name of Person
Parker's General Home Repair and Thee Service
9530 NE 91st tes
Address
Fort McCox F (32/34) City/State and Zip Code
glenparker/9650 4ahao.com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Glen Parker at (352) 857-3088
Glen Market at (352) 857-3099 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\frac{125.00}{2}\$ Filing Fee \text{Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Parker's General Home	Ropair and Tree S	erv	יוניפ'	"220
(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 of	ffice of the Limited Liability Company	is:		
Principal Office Address:	Mailing Address:			
9530 NE 9/5t Ter Fort Mccoy El 32134	9530 NE 9150 FORT McCox 32134	fe F/	_ _ _	
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration)	Registered Agent. You must designate	an indi	vidual o	r
The name and the Florida street address of the registered Alton Glence Name	agent are:			
9530 NE 91. Florida street address (P.O. Box				
_	FL F/ 32/30	/		
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the ob- Chap Registered Agent's Signa	nt the appointment as registered agent are of all statutes relating to the proper and ligations of my position as registered aguer 605, F.S	d agree comple	e to act i te perfo	n this rmance
(CONTINU	(ED)			
Page 1 of 2			2011年1日日本日	

Title: "AMBR" = Authorized Member "MGR" = Manager "M G R	Name and Address: Alton Glenwood Pari 4530 NE 9157 tes	Kei
	Fort McCoy El	32
Use attachment if necessary)		
ctive date is listed, the date must be specif	filing: (OPTIONAL) fic and cannot be more than five business days prior to) o or 9
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