

MAY-19-2014 13:53

608 827 5501

608 827 5501 P.001

# L14 000080903

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.

(((H14000118417 3)))



H140001184173ABC

**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 : BUSINESS FILINGS  
Account Number : 105256001620  
Phone : (608)827-5300  
Fax Number : (608)827-5501

2014 MAY 19 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Email Address: Rileyj1958@yahoo.com

**FLORIDA LIMITED LIABILITY CO.  
5TH GENERATION LAWN CARE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

MAY 20 2014  
T CLIN

RECEIVED

14 MAY 19 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H14000118417 3

**ARTICLES OF ORGANIZATION  
OF  
5TH GENERATION LAWN CARE LLC**

**ARTICLE I            NAME**

The name of the limited liability company is: 5TH GENERATION LAWN CARE LLC

**ARTICLE II            ADDRESS**

The principal place of business and mailing address of this Limited Liability Company shall be:  
11812 Illinois St., Dunnellon, Florida 34431.

**ARTICLE III            INITIAL REGISTERED AGENT & STREET ADDRESS**

The name and address of the registered agent are: Business Filings Incorporated, 515 Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

*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.*

Signature: \_\_\_\_\_

Mark Williams, A.V.P. Business Filings Incorporated

Date: May 19, 2014

**ARTICLE IV            MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:  
Corky Riley, 11812 Illinois St., Dunnellon, Florida 34431

FAX AUDIT # H14000118417 3

FAX AUDIT # H14000118417 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.



Date: May 19, 2014

*(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.)*

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

608-827-5300

FAX AUDIT # H14000118417 3

FILED  
2014 MAY 19 AM 8 19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA