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(Re	questor's Name)		
(Ád	(Address)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Do	cument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to	Filing Officer:	wait	

Office Use Only

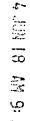


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JUN 18, 2014

M. MILLIGAN EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: JOSE Orre Name of Limited I	S Lawn + concrete Services, LLC Liability Company
The enclosed Articles of Organization and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter to	the following:
bsé Torre	S ne of Person
Fir	m/Company
142 Peters R	d
	Address
Midway + L. City/Sta	32343 ate and Zip Code
E-mail address: (to be used for f	uture annual report notification)
For further information concerning this matter, please cal	1:
Name of Person Area	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status C	155.00 Filing Fee & S160.00 Filing Fee, Certified Copy ditional copy is enclosed) S160.00 Filing Fee, Certificate of Status & 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

The name of the	e Limited Liabil	ity Company is:		
-1		۸	•	

Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

The mailing address and street address of the principal office of the Limited Liability Company is:

Tincipal Office Address.		Widning Add	Walling Addits			
1	42	Pe	ters	Rd.	142	1
K	4.41	NOW	1_1	777242	Midia	10

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:

Name

K12 Peters Rd.

Florida street address (P.O. Box NOT acceptable)

Midway FL 32343

City 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 (REQL

(CONTINUED)

Page 1 of 2

The name and address of each persor	n authorized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Vose lovres
	Midway FL. 32343
AMBR	Justle Torres
	412 Peters 2d.
	Midway +L 32343
(Use attachment if necessary)	
ate of filing.) ICLE VI: Other provisions, if any.	•
REQUIRED SIGNATURE:	
7050	Torres Law est
Signature of a	member or an authorized perresentative of a member.
(In accordance with section	n 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.
I am aware that any false it	nformation submitted in a document to the Department of State
constitutes a third degree f	lony asyprovided for in s.817.155, F.S.)
	my of
	typed or printed name of signee
	Filing Fees:
	Organization and Designation of Registered Agent

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)