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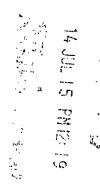
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COVER LETTER

TO:	Registration Division of (i Section Corporations	·	
SUBJI	ECT: Protav	wn Solutions LLC		
		Name of Lir	nited Liability Company	
The en	closed Articles	of Organization and fee(s) a	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Alexande	er Malave		
	\ 		Name of Person	
	Pro Lawi	n Solutions LLC		
			Firm/Company	
	520 Roo	ks Road		
			Address	
	Seffner, I	Florida 33584		
		C	City/State and Zip Code	
pr	olawnsolution	is@gmail.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther informatio	n concerning this matter, plea	ase call:	
Alexa	nder Malave	at ({	313) 763-6608	
	Nan	ne of Person	Area Code Daytime Tel	lephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 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

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Pro Lawn Solutions L.L.C.		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," o	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
520 Rooks Road Seffner, Florida 33584	520 Rooks Road Seffner, Florida 33584	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ovanother business entity with an active Florida registral The name and the Florida street address of the register	wn Registered Agent. You must detion.)	
Alexander Malave		
Nar	ne	
520 Rooks Road Florida street address (P.O. B	less NOT consentable)	
Piorida street address (P.O. B	sox NOT acceptable)	
Seffner	FL 33584	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Ch	ept the appointment as registered ones of all statutes relating to the pro	agent and agree to act in this per and complete performance
Registered Agent's Sig	PODURO (PEOLIDED)	-
registred Agent 8 31g	marair (REQUINED)	
(CONTIN	,	i oi
Page 1 c	of 2	Milakya

Γitle:	Name and Address:	
'AMBR" = Authorized Member		
MGR" = Manager		
MGR	Alexander Malave	
	520 Rooks Road	
	Seffner, Florida 33584	
MGR	Kriston Donico Malayo	
WIGH	Kristen Denise Malave	
	520 Rooks Road Seffner, Florida 33584	
	Senner, Florida 33384	
I Ido attachment if a coggom		
EV: Effective date, if other than the date ctive date is listed, the date must be sp f filing.)	e of filing: <u>August 1, 2014</u> . (OPTIO) secific and cannot be more than five business days pri	NAL)
ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days pri	ior to or
E V: Effective date, if other than the date ctive date is listed, the date must be sp f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section of	existic and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be more than five business days printed and cannot be cannot be called a five business days and cannot be cannot be called a five business days and cannot be called a fiv	ior to or
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COVER LETTER

	Registration Section Division of Corporations		
	·		
SUBJEC	Γ: SWZO, LLC		
	Name of Li	mited Liability Company	
The analo	and Auticles of Overenization and Social	one submitted for films	
The encio	sed Articles of Organization and fee(s) a	are submitted for filing.	
Please reti	arn all correspondence concerning this r	natter to the following:	
	Karl Ott, Controller	Name of Person	
	Schuler, Halvorson, Weisser, Zoel	ler and Overbeck, PA	
		Firm/Company	
	1615 Forum Place Ste 4D	Address	
		Address	
	West Palm Beach, FL 33401		
		City/State and Zip Code	
KOT	T@shw-Law.com		
	E-mail address: (to be us	ed for future annual report notifica	tion)
For furthe	r information concerning this matter, ple	ease call:	
Karl Ott.		561) 689-8180 T. A. G. L. T. T. A. G. L. T.	
	Name of Person	Area Code Daytime Tel	ephone Number
Enclosed	is a check for the following amount:		
☑ \$125.00 H		□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
ш ф125.00 I	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
			(additional copy is enclosed)
	Mailing Address	Street/Courier Adda	ress
	Registration Section	Registration Section	
	Division of Corporations	Division of Corporat	ions

P.O. Box 6327 Tallahassee, FL 32314 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:			
SWZO, LLC			
(Must end with the words "Limited Li	ability C	Company, "L.L.C.," o	r "LLC.")
ARTICLE II - Address:			
The mailing address and street address of the principal offic	ce of the	Limited Liability Co	mpany is:
Principal Office Address:	Mailin	g Address:	
1615 Forum Place Ste. 4D			
West Palm Beach, FL 33463			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered ag	egistered	Agent. You must de	
	,		
<u>Michael J. Overbeck</u> Name			
1615 Forum PL			
Florida street address (P.O. Box N	I <u>OT</u> acc	eptable)	
West Palm Beach	FL	33401	
City		Zip	
Having been named as registered agent and to accept servi the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig Chapter Registered Agent's Signature	he appoi all statu ations of 605, F.	intment as registered of tes relating to the prof f my position as regist S.	igent and agree to act in this per and complete performance
Registered Agent's Signatur	yanı) əi	orkio)	
(CONTINUE)	D)		
Page 1 of 2			PH

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Michael J. Overbeck Typed or printed name of	317.155, F.S.)
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ARTICLE IV-