## L14000114715

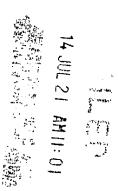
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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## COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJE	ECT: <u>DO LA</u>	NN & LANDSCAPING SE Name of Lin	RVICES,LLC nited Liability Company	
The en	closed Articles	of Organization and fee(s) an	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	DWARN	OLIVER		
			Name of Person	
	DO LAW	N & LANDSCAPING SER		
			Firm/Company	
	20625 N	W 28TH CT		
			Address	
	MIAMI G	ARDENS, FL 33056		· · · · · · · · · · · · · · · · · · ·
		C	ity/State and Zip Code	
		E-mail address: (to be use	d for future annual report notifica	tion)
For fur	ther informatio	n concerning this matter, plea	ase call:	
רויייים ב	RN OLIVER	at ( ;	305 ) 788-7273	
DYYAT		ne of Person		ephone Number
Enclose	ed is a check fo	r the following amount:		
_	0 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	☑\$160.00 Filing Fee,
_ \$120,0	vg . ee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		ling Address	Street/Courier Addr	<u>'ess</u>
		istration Section	Registration Section	iona
		sion of Corporations . Box 6327	Division of Corporat Clifton Building	ions
		ahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
DO LAWN & LANDSCAPING SERVICES, LLC (Must end with the words "Limited	d Liability Company, "L.L.C.,"	or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
20625 NW 28TH CT MIAMI GARDENS,FL 33056	20625 NW 28TH CT MIAMI GARDENS, FL 3	13056
ARTICLE III - Registered Agent, Registered Office, The Limited Liability Company cannot serve as its own another business entity with an active Florida registration. The name and the Florida street address of the registered	n Registered Agent. You must oon.)	
DWARN OLIVER		
Name	e	•
20625 NW 28TH CT Florida street address (P.O. Bo	x <u>NOT</u> acceptable)	
MIAMI GARDENS	FL 33056	_
City	Zip	
Having been named as registered agent and to accept so 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 October Registered Agent's Sign.	pt the appointment as registered to fall statutes relating to the profile tions of my position as region to the following to the fall of t	d agent and agree to act in this roper and complete performance
(CONTINU	,	JUL 21
Page 1 of	2	i

"MGR" = Manager    DWARN OLIVER   20625 NW 28TH CT     MIAMI GARDENS, FL 33056	<u>Title:</u> "AMBR" = Authorized	Member	Name and Address:		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days te of filing.)  CLE VI: Other provisions, if any.  REOUIRED SIGNATURE.  REOUIRED SIGNATURE.  REOUIRED SIGNATURE.  REOUIRED SIGNATURE.  Signature of a member or an authorized representative of a member. (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.)  DWARN OLIVER  Typed or printed name of signee	2				
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ARTICLE IV-