L14000125142

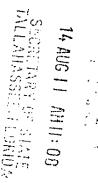
(Re	equestor's Name)	·
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e; #)
PICK-UP	WAIT	MAIL MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
l		l

Office Use Only



100262839851

08/11/14--01006--007 **125.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAWN Rider'S LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JIII A BARR
Name of Person
Firm/Company
3645 W. Brazilnut Kd.
Bevery Hills Fl 34465 City/State and Zip Code Awnriders City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
Till BARR at (352) 527-2542 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
LAWN Rider'S L	<u></u>
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3645 W. Brazilnut Rd Bevery Hills El 34465	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	legistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Jill A. Br	er
Name	n Dai
Florida street address (P.O. Box)	NOT governable)
Borrach Alills	3111/25
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	ice of process for the above stated limited liability company of the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S.
Que E	Bon
Registered Agent's Signatu	re (REQUIRED)
(CONTINUE	D)
Page 1 of 2	

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Jilla BARN 3045 W. BRAZINUTED BEVERY HIVE EL BYLLES
AMBR	John S. Barr 3645 W. Brazilnuted
AMBR	Justin A. BARR 4900 N. Butternut Ave Beneglythills El 34465
AMBR	Kristen L. BARR 4900 N. BUHERRUH AUE BEVERLY HILLS FT. 34465
(Use attachment if necessary) EV: Effective date, if other than the da	Bevery Hills F1. 34465
(Use attachment if necessary) EV: Effective date, if other than the da ective date is listed, the date must be sof filing.)	Bevery Hills F1. 34465 te of filing:
(Use attachment if necessary) E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any.	Bevery Hills F1. 34465 te of filing:
(Use attachment if necessary) E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	Bevery Hills F1. 34465 te of filing:
(Use attachment if necessary) E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a processory of the constitutes an affirmation used a may be	te of filing:
(Use attachment if necessary) E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a process of the section of the constitutes an affirmation used 1 am aware that any false info	de of filing: