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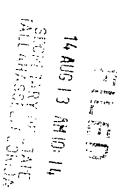
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: Grassified Lawn Care LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this re	natter to the following:	
	Zulma M Cruz	Name of Person	
		Firm/Company	
	3046 Eagle Crossing Dr	Address	
	Kissimmee Fla 34746	City/State and Zip Code	
ZL	ulma.m.rivera@hotmail.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
Zulma	Name of Person		lephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Grassified Lawn Care			
(Mu	ist end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and s	street address of the princip	al office of the Limited Liability Company is:	
Principal Office Addres	<u>s:</u>	Mailing Address:	
3046 Eagle Crossing D	Or	3046 Eagle Crossing Dr	
			_
The Limited Liability Co	red Agent, Registered Offi	Kissimmee Fla 34746 ce, & Registered Agent's Signature: own Registered Agent. You must designate an incation.)	dividual
ARTICLE III - Register The Limited Liability Co mother business entity w	red Agent, Registered Offi	ce, & Registered Agent's Signature: own Registered Agent. You must designate an incation.)	dividual
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ARTICLE III - Register The Limited Liability Counother business entity we have and the Florida Z 3	red Agent, Registered Officer of the register	ce, & Registered Agent's Signature: own Registered Agent. You must designate an incation.) ered agent are:	dividual

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Authorized Member "MGR" = Manager MGR Carlos R Cruz 3046 Eagle Crossing Dr Kissimmee Fla 34746 AMBR Zulma M Cruz 3046 Eagle Crossing Dr Kissimmee Fla 34746 EV: Effective date, if other than the date of filing: August 12,2014 (OPTIONAL) etrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: REQUIRED SIGNATURE: (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 frue? 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.) Zulma M Cruz Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$3.0.00 Certificate of Status (Optional)	Title:		Name and Address:	
Carlos R Cruz 3046 Eagle Crossing Dr Kissimmee Fla 34746 **AMBR** **Zulma M Cruz** 3046 Eagle Crossing Dr Kissimmee Fla 34746 **AMBR** **Zulma M Cruz** 3046 Eagle Crossing Dr Kissimmee Fla 34746 **Effective date, if other than the date of filing: August 12,2014 (OPTIONAL) **Citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) E VI: Other provisions, if any. **REQUIRED** **EFFOURED** **EFFOURED** **Ignature of a member or an authorized represensative 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 frue?** 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.) **Zulma M Cruz** Typed or printed name of signee **Filing Fees:** **S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent** **S 30.00 Certified Copy (Optional)**	"AMBR" = Authorized	Member		
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ARTICLE IV-