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From:

Account Name : LYONS & LYONS, P.A.

Account Number : I20030000061

Phone Fax Number : (239)948-1823 : (239)948-1826

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Email Address: jhewitt@lyons-law.com

# FLORIDA LIMITED LIABILITY CO. WORKING GREENS FOR RDCS, LLC

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# ARTICLES OF ORGANIZATION

## OF

# WORKING GREENS FOR RDCS, LLC

The undersigned, under the provisions of Chapter 605 of the Florida Statutes (the "Act"), for the purpose of forming a limited liability company under the laws of the State of Florida, do set forth the following:

#### 1. Name.

The name of the limited liability company is Working Greens For RDCS, LLC, (hereinafter referred to as the "Company").

#### 2. Address.

### Principal Office Address:

Mailing Address

3530 7<sup>th</sup> Avenue NW Naples, FL 34120

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### 3. Registered Agent.

The name and the Florida street address for the registered agent are:

L&L Para, Ltd. Co. 27911 Crown Lake Blvd. Suite 209 Bonita Springs, FL 34135

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 statistics relating to the proper and complete performance of my duties, and I am familiar with and accept the colligations of my position as registered agent as provided for in Chapter 605, F.S.

L&L Para, Ltd. Co., a

Florida limited liability company

Kevin M. Lyons, Manager

Its: Manager

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OF

WORKING GREENS FOR RDCS, LLC

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### 4. Management.

The overall management and control of the business and affairs of the Company shall be vested in one or more managers and the initial managers shall be:

Title:

Name and Address:

MGRM

Rovvy Jaikaran

3530 7th Avenue NW

Naples, FL 34120

**MGRM** 

Debra A. Jaikaran

3530 7th Avenue NW

Naples, FL 34120

IN WITNESS WHEREOF, I, Kevin M. Lyons, have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this the \_\_\_\_ day of December, 2014.

Kevin M. Lyons

The Authorized Representative of a Member

STATE OF FLORIDA COUNTY OF LEE

The foregoing instrument was acknowledged before me on the 65 day of December, 2014, by Kevin M. Lyons, as the Authorized Representative of a Member, who (1) is personally known to me or () produced \_\_\_\_\_\_ as identification.

(Seal)



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OF
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