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(Re	equestor's Name)	
(Ac	idress)	
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(Cir	ty/State/Zip/Phone	2 #)
	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID

FEB 1 1 2915

T. HAMPTON

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJEC	CT: Gibson Lawn Service LLC
	Name of Limited Liability Company
The encl	osed Articles of Organization and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	Johnie Gibson
	Name of Person
	Gibson Lawn Service LLC
	Firm/Company
	311 Lynn Street
	Address
	Oviedo, Fl. 32765
	City/State and Zip Code
gibs	sonlawn@yahoo.com E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
Johnie (Gibson at (321) 732-9391
	Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□ \$125.00	Filing Fee Certificate of Status 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 Limit	ed Liability Company is:	
Gibson Lawn Service	. · ·	
(Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre	255:	
The mailing address a	nd street address of the princi	pal office of the Limited Liability Company is:
Principal Office Add	ress:	Mailing Address:
311 Lynn Street		311 Lynn Street
Oviedo, FL 32765		Oviedo, FL 32765
		-
		Tice, & Registered Agent's Signature: own Registered Agent. You must designate an individual or
	y with an active Florida regis	
		,
The name and the Flor	rida street address of the regis	stered agent are:
	Johnie Gibson	
	ì	Name
	311 Lynn Street	
	Florida street address (P.O	Box NOT acceptable)
	Oviedo	_{FL} 32765
	City	Zip
the place designate capacity. I further a	ed in this certificate, I hereby o gree to comply with the provis am familiar with and accept to	ept service of process for the above stated limited liability company a accept the appointment as registered agent and agree to act in this sions of all statutes relating to the proper and complete performance he obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

FILED

15 FEB -3 PH 1: 13

SECHETARY OF STATE
AREA SECTEDARIDA

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager "AMBR"	
"AMBR"	Johnie Gibson
	311 Lynn Street Oviedo, FL 32765
	Oviodo, 1 2 027 00
"AMBR"	Yasmin Gibson
	311 Lynn Street Oviedo, FL 32765
	Oviedo, FL 32765
	•
(Use attachment if necessary)	
ective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
ective date is listed, the date must be spendfilling.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
ective date is listed, the date must be spend filing.) E VI: Other provisions, if any.	of filing:
ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 9
ective date is listed, the date must be spend filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men	cific and cannot be more than five business days prior to or 9
REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	nber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, nation submitted in a document to the Department of State
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REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony Johnie Gibson \$125.00 Filing Fee for Articles of Orga \$ 30.00 Certified Copy (Optional)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. nation submitted in a document to the Department of State as provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent
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ARTICLE IV-