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(Requesto	r's Name)	
(Address)		
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(City/State	/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	Entity Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Frost Tree Service 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:
Sean Frost Name of Person
Frost Tree Service Firm/Company
26 pear Ave Address
Crawfordville FL City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katic Jones at (850) 509-7976 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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:	EFFECTIVE DATE
The name of the Limited Liability Company is:	4-1-2015
Frost Treeservice	LLC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	ffice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
26 Pearl Ave	26 pearl Ave. Crawfordville KL
Crawfordville fl 32327	32322
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registratio	Registered Agent. You must designate an individual or n.)
The name and the Florida street address of the registered Search Food	<u> </u>
Florida street address (P.O. Box Confordville	Aue Service Se
Having heen named as registered agent and to accept se	rvice of process for the above stated limited liability company at

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

'MGR" = Manager	Name and Address:
AMBE	Jean frost
	26 pear Ave. Lrawfordville
	<u> </u>
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Use attachment if necessary)	4/1/14
E VI: Other provisions, if any. REQUIRED SIGNATURE:	
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(In accordance with section 605. constitutes an affirmation under I am aware that any false inform	ober or an authorized representative of a member. .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State
(In accordance with section 605, constitutes an affirmation under I am aware that any false inform	.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.
(In accordance with section 605. constitutes an affirmation under I am aware that any false inform	.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State