Florida Department of State Division of Corporations

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Епр	i 1	Address:	

FLORIDA LIMITED LIABILITY CO. ALL SEASONS LANDSCAPING & HANDYMAN SERVICES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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3122 N Pine H		Pine Hills Rd	
	Orlando		
	FL	32808	
Phone	(407) 298-3900 * 101		
Fax Number	r (407) 298-3900		

NOTE:

ALL SEASONS LANDSCAPING & HANDYMAN SERVICES, LLC- ORGANIZATIONAL ARTICLES

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALL SEASONS LANDSCAPING & HANDYMAN SERVICES. LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing and street address of the principal office of the Limited Liability Company is:

2689 EAGLE LAKE DRIVE CLERMONT, FL 34711

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature 27 (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration; The name and the Florida street address of the registered agent are

NEEZAM KHAN 2689 EAGLE LAKE DRIVE CLERMONT, FL 34711

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..

NEEZAM KHAN/ Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member Is as follows:

"MGR" = Manager
"MGRM" = Managing Member

NEEZAM KHAN- MGRM 2689 EAGLE LAKE DRIVE CLERMONT, FL 34711

ARTICLE V: Effective date, if other than the date of filing: 5/4/2015
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Necram Khan.

Signature of a member or an authorized representative of a member $\stackrel{\sim}{\sim}$

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perfusive that the facts stated herein are true. 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.

NEEZAM KHAN 2*4M - KHAA*

Typed or printed name of signee

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