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(Re	questor's Name)	
(Ad	dress)	<del> </del>
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Absolute Octoor Service Name of Limited Liability Company	s LLC
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Scott FRIEDMAN Name of Person	<del> </del>
Firm/Company	<del></del>
2017 Chalswith Way	
Address	
Tallahausce, FL, 3230	9
Scott Fredman 3/20 6, 9m 4.) E-mail address: (to be used for future annual report potification)	, com
For further information concerning this matter, please call:	
Scott Friedman at (850) 746-2008  Name of Person Area Code Daytime Telephone Number	2
Name of Ferson Area Code Dayame Ferephone Number	<b>1</b> 1
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Cert (additional copy is enclosed) Certified Copy	0.00 Filing Fee, ificate of Status & ified Copy onal copy is enclosed

# Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street 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 Limited Liability Company is:
Absolute Oxtdoor Service, LUC
(Must end with the words "Limited Liability Company, "L.L.C.," of "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address:  Mailing Address:
2017 Chatsworth Wry SAME
-W11 B1 -3) 300 -

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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:

Scott Friedman

2017 Chatsworth Way

Florida street address (P.O. Box NOT acceptable)

Tallahasse FC 32309

City State Zip

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 sectutes 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 Agen's Signature (REQUIRED)

(CONTINUED)

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SECRETARIO CE CRIDA

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGM	Scott Fricanan
<del></del>	TALL, FL, 32309
ective date is listed, the date must be spec of filing.)	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of	effic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the date of sective date is listed, the date must be specifiling.) the date inserted in this block does not menent's effective date on the Department of EVI: Other provisions, if any.	effic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date of ective date is listed, the date must be specifiling.) the date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memory of the accordance with section constitutes an affirmation of I am aware that any false in the section of the section o	effic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the date of sective date is listed, the date must be specifiling.) The date inserted in this block does not mement's effective date on the Department of E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a memory (In accordance with section constitutes an affirmation of I am aware that any false in the section of	the applicable statutory filing requirements, this date will not be state's records.  There is an authorized representative of a member.  In 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  Information submitted in a document to the Department of State

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