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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Thomas Colson Lawn Tree, + Gardon Services 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:
Thomas Colson Name of Person
Thomas Colson Lawn Tree + Garden Services LLC
5060 BradFordville Road Address
Tallahassee, Florida 32309 City/State and Zip Code ColTifos & Not Moil: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Colson at (850) 2/2-7829 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{125.00}\$ \text{Filing Fee} \text{ \$\sum_{130.00}\$ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\sum_{125.00}\$ \text{Filing Fee} & \sum_{130.00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

Principal Office Address:

ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

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:			
Thomas Colsec			
Name			
5060 Brad Fordville Kd lallahusser, 1-L Florida street address (P.O. Box NOT acceptable) 32300			
Tallahassee FL 32309			
City State Zip			
Having been named as registered agent and to accept service of process for the above stated limited liability company place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capaci further agree to comply with the provisions of all statutes relating to the proper and complete performance of my dutie 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)	ty. I		
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Page 1 of 2	چ	SS SS	ş
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Mailing Address:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager M&R	Thomas Colson 5060 Brad Ford ville Rd Tallahussee, FL 32309	
 		
<u></u>		
(Use attachment if necessary)	of tiling: 7/16/15. (OPTIONAL) cific and cannot be prore than five business days prior to or 90 days after	
tne date of ming.)	eet the applicable statutory filing requirements, this date will not be listed a	
REQUIRED SIGNATURE:	mas Colson	
Signature of a me This document is executed I am aware that any false constitutes a third degree	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.	9 E 01
Thomas	Typed or printed name of signee	FE
	Filing Fees: anization and Designation of Registered Agent	
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option		1

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company: