

Jul. 29, 2015 9:00 AM

James A. Barks and Harry G. Reid

No. 9691 P. 1/3

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000180441 3)))



H150001804413ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

15 JUL 29 AM 11:05

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HARRY G. REID, III
Account Number : I20010000189
Phone : (407)321-3911
Fax Number : (407)321-1467

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

15 JUL 29 AM 8:28

FILED

**FLORIDA LIMITED LIABILITY CO.
LANDPRO OUTDOORS OF CENTRAL FLORIDA LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

JUL 30 2015

S. GILBERT

Jul. 29. 2015 9:48AM

James A. Barks and Harry G. Reid

No. 9691 P. 2/3

((H15000180441 3)))

**ARTICLES OF ORGANIZATION
FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I – NAME

The name of the Limited Liability Company is:

LANDPRO OUTDOORS OF CENTRAL FLORIDA, LLC

ARTICLE II – ADDRESS

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

Principal Office Address:
100 Idyllwilde Drive
Sanford, Florida 32771

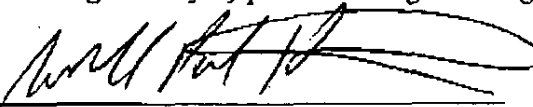
Mailing Address:
100 Idyllwilde Drive
Sanford, Florida 32771

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Russell Paul Kitner
100 Idyllwilde Drive
Sanford, Florida 32771

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)

ARTICLE IV –

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

Title:
AMBR – Authorized Member

Name and Address:
Russell Paul Kitner
100 Idyllwilde Drive
Sanford, Florida 32771

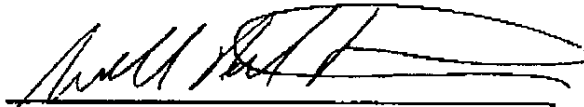
((H15000180441 3)))

FILED
15 JUL 29 AM 8:28
SANFORD, FLORIDA

((H15000180441 3)))

Effective date, is the date of filing.

SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document consisted an affirmation under the penalties of perjury 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.)

Russell Paul Kitner

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

((H15000180441 3)))