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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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2015 AUG 19 AM 9: 45
SECRETARY OF STATE

AUG 2 5 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DZH Lawn Care 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:
David Michael Herrera II Name of Person
DZH Lawa Care
1747 Concert Rd Address
Deltona FL 32738 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: 580 - 917 - 9997 / David Herrera
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{Status} \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address New Filing Section Street Address New Filing Section

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

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

X-20-15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

or "LLC.")
ompany is:
Mailing Address:
Me

nre:

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

Name

Florida atreat address (R.O. Roy NOT again

Florida street address (P.O. Box NOT acceptable

O'+ .

State

Zin

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..

Page 1 of 2

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	David M. Herrera II 1747 Concert Rd Deltona FL 32738
f filing.)	e specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
CV: Effective date, if other than the cative date is listed, the date must be filling.) the date inserted in this block does need a seffective date on the Department's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 ot meet the applicable statutory filing requirements, this date will not
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EV: Effective date, if other than the octive date is listed, the date must be filling.) the date inserted in this block does neert's effective date on the Departme EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is explain a ware that any if constitutes a third de	ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
V: Effective date, if other than the cative date is listed, the date must be filing.) The date inserted in this block does neent's effective date on the Department's effective date on the Department's Other provisions, if any. EFOURED SIGNATURE: Signature of a This document is explain a ware that any if constitutes a third de	ot meet the applicable statutory filing requirements, this date will not ent of State's records. member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. false information submitted in a document to the Department of State

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ARTIÇLE IV-

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