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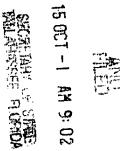
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Certified Copies	_ Certificates	of Status
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COVER LETTER

Division of Corporations
SUBJECT: LANDIS 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:
EVESTER HARR'S SR. Name of Person
HARRIS LAWIN CART Firm/Company
683 Violet 5+ Address
TALLA- FLA: 32308 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	55 (2)	Ċ	
The name of the Limited Liability Company is:		8	
	1		" The
HARR'S LAWA CARE LLC	語三	<u></u>	
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	相是		- GC
	J.		
ARTICLE II - Address:		ڥ	
The mailing address and street address of the principal office of the Limited Liability Company is:	5冊	20	
Principal Office Address: Mailing Address:			
682 violet st			
TAKA, FLA 72308			
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 c	UF .		

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

Emb Harg.

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

1411 II 372 W

State

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..

stered Agent's Signature (ALQOIT

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	FUESTEN HARRISM JAG 683 VIOLET ST. FALLA. FLA. 32308 32 3
(Use attachment if necessary)	
EV: Effective date, if other than the dective date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da
ective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 da or meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the directive date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 da or meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the directive date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exert am aware that any faconstitutes a third degree of the date of t	in member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
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