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(Re	equestor's Name)		
(Ac	ldress)		
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(Ci	ty/State/Zip/Phon	e #)	
. PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			
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BEPARTHER OF STATE

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: KING LAWN MAINTENANCE WC. 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:			
Crustavo Carrillo Carrillo Name of Person			
Firm/Company			
64 Dutch Waster dr			
Havana fl 32333 City/State and Zip Code Blung-mex Poutlook.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Gustavo Carrillo (850) 2103450 Name of Person Area Code Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & 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

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ARTICLE I - Name:

The name of the Limited Liability Company is:

15 DEC -3 AH 10: 49

KING LAWN MAINTENANCE LLEGIONARY (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
64 Dute Naster de	64 Dotch Moster do
Howard fl 32333	JONONO P/ 32333
	•

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:

Great Corrillo Corrillo

Name

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

Havana fl. 32333

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 final are the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:		
ANB	Title: "AMBR" = Authorized Member "MGR" = Manager Country Country "MOR" = Manager	Name and Address: Crustavo Carrillo C. 64 Dutch Marter dr. Havana Fr. 32333	
	(Use attachment if necessary)		
(If and the distribution (If and the distribution) (If and the distrib	n effective date is listed, the date must be specific late of filing.)	ling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as ate's records.	
	TCLE VI: Other provisions, it any.		
	REOUIRED SIGNATURE:		
	This document is executed in I am aware that any false info constitutes a third degree felo	er or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. In accordance with section 605.0203 (1) (b),	
		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)