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Division of Corporations

Fax Number

: (850)617-6381

Account Name

: LEGALZOOM.COM INC.

Account Number : 120010000062

Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

Email	Address:			

FLORIDA LIMITED LIABILITY CO.

Retirement Lawns, LLC

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$155.00

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COVER LETTER

TO:	Registration Division of (i Section Corporations		
SUBJI	ECT: <u>Retirer</u>	nent Lawns, LLC Name of Lis	mited Liability Company	
		of Organization and fee(s) a	_	
		ne Moseley	Name of Person	
	<u>LegalZo</u>	om.com, Inc.	Firm/Company	
	100 W E	roadway, Suite 100	Address	
	Glendale	o, CA 91210	City/State and Zip Code	
_01	nlinefilings@le	egalzoom.com E-mail address: (to be use	d for future annual report notifica	ation)
For fu	ther informatio	on concerning this matter, ple	ase call:	
Chev	enne Moseley Nar	at (at (_at (323) 962-8600 ext 76; Area Code Daytime Te	25 lephone Number
Enclos	ed is a check fo	or the following amount:		
□ \$125.0	00 Filing Fee	S 130.00 Filing Pec & Certificate of Status	☑\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	fling Address	Street/Courier Add	rea <u>s</u>

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTIC	ESOF(ORGANIZ	VIIONFO	RFLOR	IDA LIMI	TEDLIA	BILITY	COMPAN	Y

ARTICLE I - Name: The name of the Limited Liability Company is:		(A) (B)
Retirement Lawns, LLC		- 77 (S)
(Must end with the words "L	Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the prin	cipal office of the Limited Liability Company is:	۱ است و چه
Principal Office Address:	Mailing Address:	
23238 Hartley Ave. Port Charlotte, FL 33954		
another business entity with an active Florida reg The name and the Florida street address of the reg	its own Registered Agent. You must designate an indi- ristration.) gistered agent are:	vidu al or
United States Corporat	Name	
13302 Winding Oaks C		
Florida street address (P.	O. Box NOT acceptable)	
Tampa	FL 33612-3425	
City	Zip	
the place designated in this certificate, I hereb capacity. I further agree to comply with the pro of my chities, and I am familiar with and accept	recept service of process for the above stated limited liably accept the appointment as registered agent and agree visions of all statutes relating to the proper and comple it the obligations of my position as registered agent as p Chapter 605, F.S	to act in this te performance
	yenne Moseley, United States Corporation Agents, Inc.	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
	Cladus M. Baraz	• (
MON, AMBR	22220 Hardon Ave	Perez riley Ave. oite, FL 33954 Hayes riley Ave. ootte, FL 33954 on riley Ave. ootte, FL 33954 larris riley Ave. ootte, FL 33954 more than five business days prior to or 90 days after
MGR. AMBR Israel Colon 23238 Hartley Ave, Port Charlotte, FL 33954 MGR. AMBR Mark A. Marris 23238 Hartley Ave.	23230 FIRTURY AVE.	· "
	Port Changle, FL 33994	3
MCD AMBO	Daria Ann Hayes	
MOD. AMOR	22229 Postlay Avo	
	ZOZOG MELLEY AVE.	er i
	Port Charlotte, FL 33954	771
MGR AMBR	Israel Colon	. <u></u>
ar at his tory	23238 Hartley Ave	
	Port Chadotta El 3305/	
	TOLOUGHUE TE SOSO4	٦.
MGR. AMBR	Mark A. Marris	
	23238 Hartley Ave.	
	Port Charlotte, FL 33954	
(Use attachment if necessary)		
CLE V: Effective date, if other than the	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9	0 da
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any.	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 9	0 da
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9	0 da
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 9	0 da
CLE V: Effective date, if other than the ceffective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section	member or an authorized representative of a member. n 605.0203 (1) (b), Florida Statutes, the execution of this document	0 da
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation to	e specific and cannot be more than five business days prior to or 9	0 da

Page 2 of 2

Filing Fees:

Cheyenne Moseley, Legalzoom.com, Inc.
Typed or printed name of signeo

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Attachment to

Articles of Organization for Retirement Lawns, LLC

Additional managers of the Limited Liability Company are:

Name of Managers

<u>Address</u>

Edurardo Martinez

23238 Hartley Ave. Port Charlotte, FL 33954

15 BEC 10 AH 8: 30