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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Michael Gray Lawn Service, LLC. 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:
Michael Gray Name of Person
Michael Gray Lawn Service, LLC. Firm/Company
16621 Egret Circle Address
Pensacola, FL 32507 City/State and Zip Code gulfcoastconst@bellsouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Eudova Rosensweig at (850) 501-2160 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{2}\$ Filing Fee & Side Certificate of Status \$\frac{155.00 \text{ Filing Fee}}{2}\$ 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:		
Michael Gray Lawn (Must end with the words/Limited Liability)	Service, LLC. 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:	
16621 Egret Circle Pensarola, FL 32507	Same	
ARTICLE III - Registered Agent, Registered Office, & Registe (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:		
Michael Gra	У	
Name	1	
Florida street address (P.O. Box	x NOT acceptable)	
Pensacola, Fl City State	32507 e Zip	
Having been named as registered agent and to accept service of proceolace designated in this certificate, I hereby accept the appointment as further agree to comply with the provisions of all statutes relating to the familiar with and accept the obligations of my position as registers. Registered Agent	s registered agent and agree to act in this capacity. he proper and complete performance of my duties, o ed agent as provided for in Chapter 605, F.S	I
(CONT)		-
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Title: "AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager Michael R. Group	Michael R. Gray 16621 Egret Circle Pensacola, UFL 32507
	
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fective date is listed, the date is of filing.)	an the date of filing: (OPTIONAL) must be specific and cannot be more than five business days prior to or 90 d
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CLE V: Effective date, if other the ffective date is listed, the date is of filing.) If the date inserted in this block nument's effective date on the Discussions, if any. REOUIRED SIGNATURE: Signation This docume I am aware the constitutes a second content of the second content of	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records. Let a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It is executed in accordance with section 605.0203 (1) (b) accordance with section 605.0203 (1) (b), Florida Statutes.