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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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JAN 2 1 2016 T. BROWNE

COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	Perry Lawn Care LLC		
SUBJEC		f Limited Liabi	lity Company
The encle	osed Articles of Organization and fee	(s) are submitted	l for filing.
Please re	turn all correspondence concerning th	is matter to the	following:
	Stephen Foye Perry		
		Name o	f Person
	Perry Lawn Care LLC		
		Firm/Co	ompany
	3320 Schifko Road		í
		Add	ress
	Cantonment,Florida 32533		
	17170 1	City/State as	nd Zip Code
	xpress1717@gmail.com	used for fiture	annual report notification)
			annuar report notification)
For further	information concerning this matter, p	lease call:	
	Stephen Perry	850 at (375-2664
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
	Filing Fee \$130.00 Filing Fee Certificate of Statu	s Certif	00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	•	Street Address
	New Filing Section		New Filing Section
	Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building
	Tallahassee, FL 32314		2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

(Must end with the words "Limited Liab	oility 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:
3320 Schifko Road	3320 Schifko Road

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:

Stephen Foye Perry		
	Name	
3320 Schifko Road		
Florida street addres	ss (P.O. Box NOT acc	ceptable)
Cantonment	Florida	32533
City	State	Zip

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..

(CONTINUED)

Page 1 of 2

•	Fitle: 'AMBR" = Authorized Member	Name and Address:
	'MGR" = Manager Manager	Stephen Foye Perry
4	Vianagei	3320 Schifko Road
		Cantonment FL 32533
-		
-		
-		
		·
	Lise attachment if necessary)	
	Use attachment if necessary)	
RTICLI an effe date o ote: If	EV: Effective date, if other than the ctive date is listed, the date must to filling.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 days after ot meet the applicable statutory filing requirements, this date will not be listed a ent of State's records.
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Page 2 of 2

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

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