(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
,	•	,
(Do	cument Number)	
(50	oument mumber,	
Continue Comine	C - ME - M	of Otalian
Certified Copies	_ Certificates	or Status
Special Instructions to	Filing Officer:	

Office Use Only

T SCOTT

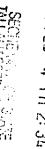
9107 P 934. FEB 4 2015

T. SCOTT



800281743428

02/04/16---01001---012 **130.00



16 FEB -1, PH 2: 31

RECEIVED DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Justin Randolph Lawn Care and more 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:
Justin Randolph Name of Person
Justin Randolph lawn care and more
200 Luke Smith Rd
CrawSordville 2032327 City/State and Zip Code WBT3220, WO Green Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daywer Strohone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ S130.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company,"

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

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:

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 acception appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all sances 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

Author Landyn
Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MAMPR	Justin Bandolph 200 lube Smith Rd Criusordiille FC37329
(Use attachment if necessary) LEV: Effective date, if other than the of	date of filing: (OPTIONAL)
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm	date of filing:
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be ent of State's records.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ent of State's records.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90 day of meet the applicable statutory filing requirements, this date will not be ent of State's records.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ent of State's records.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ent of State's records.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REOURED SIGNATURE: Signature of a This document is ex I am aware that any	e specific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ent of State's records.
LE V: Effective date, if other than the offective date is listed, the date must be of filing.) If the date inserted in this block does nument's effective date on the Departm LE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is ex I am aware that any constitutes a third de	Respecific and cannot be more than five business days prior to or 90 day not meet the applicable statutory filing requirements, this date will not be ent of State's records. Respectively. Respectivel

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