L16000036262

(Requesto	r's Name)
(Address)	
(1441000)	
(Address)	
(City/State	e/Zip/Phone #)
\int	
PICK-UP	WAIT MAIL
<u> </u>	, -
,	
(Business	Entity Name)
(Documer	nt Number)
(2004	
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer
Special instructions to riling t	Jilicei.

Office Use Only



700282391617

02/23/16--01012--017 **130.00



16 FEB 23 AM II: 54
SECRETARY OF SHAPE
MULAHASSEF FLORID



COYER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Robert Bass L Name of Limited Liability	awn Care LLC
The enclosed Articles of Organization and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the following	llowing:
Robert E	, <u>Sass</u>
Name of P	erson
Robert Bass Firm/Com	Lawn Care
48/6 Deerron ?	orine s
Tallahassee FC City/State and Lynzapase ame E-mail address: (to be used for Wure and	Zip Code All. (ominual report notification)
For further dormation concerning this matter, please call:	
Robert Bass at (850) Name of Person Area Code	S91 8192 Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified	Filing Fee & \$160.00 Filing Fee, d Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address S	treet Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ATTOUR L

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 FEB 23 AM 11:55

: PTICLE I - Name:

The name of the Limited Liability Company is:

Rust end with the words "Limited Liability Company. "L.L.C." or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
4816 Deerran Dr	Tallahasser To 32503
Tallahascon, a 3203	Tallahessee To 30503
<u> </u>	

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:

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

Tall abassee FL S2303

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. Thereby 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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	7 1 1 2
m GRZ	Lubert 1955
	Tellahaisee F2 52307
	Tallaharsee FL 52707
	28
	N T
	and the second s
(Use attachment if necessary)	
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) crific and cannot be more than five business days prior to or 90 days at
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not me	ecific and cannot be more than five business days prior to or 90 days at
LE V: Effective date, if other than the date fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be listed of State's resords.
LE V: Effective date, if other than the date of feetive date is listed, the date must be spet of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days at
LE V: Effective date, if other than the date of feetive date is listed, the date must be spet of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be listed of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be listed of State's rewords.
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be listed of State's rewords.
LE V: Effective date, if other than the date of fective date is listed, the date must be spe of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be lister of State's rewords.
LE V: Effective date, if other than the date of fective date is listed, the date must be speed of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be listed of State's rewords. State's rewords. Ember or an authorized representative of a member. Red in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the date of fective date is listed, the date must be specifing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be listed of State's records. Ember or an authorized representative of a member. Led in accordance with section 605.0203 (1) (b), Florida Statutes. In information submitted in a document to the Department of State
LE V: Effective date, if other than the date of feetive date is listed, the date must be speed of filing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days at neet the applicable statutory filing requirements, this date will not be listed of State's rewords. State's rewords. Ember or an authorized representative of a member. Red in accordance with section 605.0203 (1) (b), Florida Statutes.
LE V: Effective date, if other than the date of fective date is listed, the date must be specifing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	meet the applicable statutory filing requirements, this date will not be listed of State's records. The entire applicable statutory filing requirements, this date will not be listed of State's records. The entire applicable statutory filing requirements, this date will not be listed of State's records. The entire applicable statutory filing requirements, this date will not be listed of State of State applicable statutory filing requirements, this date will not be listed of State of
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	ecific and cannot be more than five business days prior to or 90 days at the applicable statutory filing requirements, this date will not be listed of State's records. Ember or an authorized representative of a member. Led in accordance with section 605.0203 (1) (b), Florida Statutes. In information submitted in a document to the Department of State
LE V: Effective date, if other than the date of fective date is listed, the date must be specifing.) If the date inserted in this block does not mament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false	meet the applicable statutory filing requirements, this date will not be listed of State's records. The applicable statutory filing requirements, this date will not be listed of State's records. Typed or printed name of signee
LE V: Effective date, if other than the date of fective date is listed, the date must be specifiling.) If the date inserted in this block does not mannent's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execut I am aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not be listed of State's records. The entire applicable statutory filing requirements, this date will not be listed of State's records. The entire applicable statutory filing requirements, this date will not be listed of State's records. The entire applicable statutory filing requirements, this date will not be listed of State of State applicable statutory filing requirements, this date will not be listed of State of