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COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	CUT-N-EDGE LAWN SERVIC	CES, LLC		
SODJEC		of Limited Liabilit	y Company	
The encl	osed Articles of Organization and fee	(s) are submitted t	for filing.	
Please re	turn all correspondence concerning th	is matter to the fo	llowing:	
	PAUL NUNEZ JR.			
		Name of I	Person	
	CUT-N-EDGE LAWN SERVICE	ES, LLC		
		Firm/Con	npany	
	3010 NW 2ND STREET			
	· · · · · · · · · · · · · · · · · · ·	Addre	ss	
	OKEECHOBEE, FL 34972			
		City/State and	Zip Code	
	vrncnunez@yahoo.com	used for fiture or	nual report notification)	
			maarreport normeation)	
For further	r information concerning this matter, p	please call:		
	Veronica Nunez	863 at (801-1525	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	l is a check for the following amount:			
	Filing Fee \$130.00 Filing Fee Certificate of Statu	ıs Certifie	l copy is enclosed) Certified Co	of Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]]	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	LAWN SERVICES, LLC		 	_
(Must	t end with the words "Limited I	Liability Company, "L	L.C.," or "LLC.")	
RTICLE II - Address:				
he mailing address and str	reet address of the principal off	fice of the Limited Lia	bility Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
3010 NW 2ND	STREET	3010 N	W 2ND STREET	
OKEECHOBE	E, FL 34972	OKEEC	CHOBEE, FL 34972	
	d Agent, Registered Office, &		Signature:	
The Limited Liability Con		Registered Agent. You		- -
The Limited Liability Comnother business entity wit	npany cannot serve as its own R h an active Florida registration	Registered Agent. You .)	Signature:	- -
The Limited Liability Comnother business entity wit	npany cannot serve as its own R h an active Florida registration street address of the registered a	Registered Agent. You .)	Signature:	16 HA
The Limited Liability Comnother business entity wit	npany cannot serve as its own R h an active Florida registration street address of the registered a PAUL NUNEZ JR.	Registered Agent. You) agent are:	Signature:	10 HAY
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The Limited Liability Com mother business entity wit	npany cannot serve as its own R h an active Florida registration street address of the registered a PAUL NUNEZ JR. 3010 NW 2ND STREE	Registered Agent. You) agent are: Name	Signature: I must designate an individual or	• • •

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)

Paul Muney Jr.
Registered Agent's Signature (REQUIRED)

Page 1 of 2

"AMBR" = Manager AMBR PAUL NUNEZ JR. 3010 NW 2ND STREET OKECHOBEE, FL 34972 AMBR VERONICA NUNEZ 3010 NW 2ND STREET OKEECHOBEE, FL 34972 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: 06-01-2016 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of the of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State's constitutes at hird degree felony as provided for in s.817.155, F.S. PAUL NUNEZ JR. Typed or printed name of signee Filling Fees:	Title:	uthorized Mambar	Name and Address:
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