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Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE
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1#4

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tuffy's Outdoor Services 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:
Adam Thuftedal Name of Person
Tuffy's Outdoor Services Firm/Company
1011 SE 27th Ter
Cape Coral, FL 33904 City/State and Zip Code info@tuffysoutdoon.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Adam Thuftedal at (239) 980 - 4544 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$155.00 Filing Fee Certificate of Status □\$160.00 Filing Fee, Certificate of Status Cer
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY 16 JUN 27 PM 2: 31

ARTICLE I - Name:

The name of the Limited Liability Company is:

Must end with the words "Limited Liability 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:

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:

1011 SE 27th Ten Florida street address (P.O. Box NOT acceptable)

Cape Coral FL 33904

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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	16 JUN 27 PM 2: 3
"MGR" = Manager AMBR = Manager AMBR	Stacy Thu	SECRETARY OF STATE
	Cope Coval	FL 33904
AMBR	Adam Thuf 1011 SE 275 Cape Coral	tedal Ter T-L 33904
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(Use attachment if necessary)		
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RTICLE V: Effective date, if other than the date f an effective date is listed, the date must be speedate of filing.) RTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me	mber or an authorized representative of perjury that the facts stated herein are add in a document to the Department of St	of a member. of this document

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2