

10/25/2016

From A.A. Ali CPA 1.407.298.0660 Tue Oct 25 08:25:18 2016 MDT Page 1 of 3
Division of Corporations

Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
R.I.P LAWN CARE & HANDYMAN LLC

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OCT 26 2016

ARTICLES OF ORGANIZATION 16 OCT 25 AM 9:27
FOR FLORIDA LIMITED LIABILITY COMPANY
STATE OF FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

R.I.P LAWNCARE & HANDYMAN, LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

**6205 BEAUMONT AVE.
ORLANDO, FL 32808**

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:

**MEARYN PATRICK ALEXANDER
6205 BEAUMONT AVE.
ORLANDO, FL 32808**

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..

Mearyn Patrick Alexander
MEARYN PATRICK ALEXANDER/ Registered Agent's Signature

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

MEARYN PATRICK ALEXANDER - AMBR/ MGRM/ MGR
6205 BEAUMONT AVE.
ORLANDO, FL 32808

ARTICLE V: Effective date, if other than the date of filing: 10/25/2016

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Meagan Patrick Alexander

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MEARYN PATRICK ALEXANDER

Typed or printed name of signee

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