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SECRETARY OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE

A POWER OF THE ALL	(1) (kg - 3, 3)	16 OCT 13 AH 9: 40
ARTICLE I - Name: The name of the Limited Liability Company is:	16 OCT 13 A	\H 9:40
Sharp Lawn & Landscape, LLC		
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
3515 Wedgewood Ln	12313 Ne 48th Loop	
#119	Oxford, FL 34484	
The Villages, FL 32162		
ADTICLE III - Degistered Agent Registered Office & De	Tistanad Amenda Signatura	

(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:

Misty C Sharp		
	Name	
12313 NE 48th Loop	.	
Florida street addres	s (P.O. Box NOT ac	cceptable)
Oxford	FL	34484
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, 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)

Page 1 of 2

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OF STATE

9:40

			16 OCT	13	1
Title:		Name and Address:	10 001	, ,	
"AMBR" = Authorized Me	ember				
"MGR" = Manager					
MGR		Billy R Sharp Jr			
		12313 Ne 48th Loop)		
		Oxford, FL 34484			
	•				
•	•				
		···········			
					
			•		
(Use attachment if necessa	ary)				
		10/2/2017	(OPTION LATE)		
ICLEV: Effective date, if other					
	ate must be specific and	cannot be more than	i five business days prior to or 90	days a	1
ate of filing.)		-1'-1'			_
			ng requirements, this date will not	be list	е
comment's affactive date on th	e Department of State's	records.			
iocument s'enecuve date on ai	anv , ,		,		
	uiy.				
ICLE VI: Other provisions, if a					

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 constitutes a third degree felony as provided for in s.817.155, F.S.

Billy R Sharp Jr

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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