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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations	1
SUBJEC	ECT: D&R Flannery Lawn and Landscaping, L	LC
SUBJEC		Liability Company
The encl	closed Articles of Organization and fee(s) are sub-	mitted for filing.
Please re	return all correspondence concerning this matter t	o the following:
	Randall Haynes	
		me of Person
	Fi	rm/Company
	2585 Privada Dr	Address
		Address
	The Villages FL 32162	
	-	ate and Zip Code
	randy@rwhtaxprep.com	
	E-mail address: (to be used for f	uture annual report notification)
For furthe	ner information concerning this matter, please call	
	Randall Haynes at (484	\ 437-4395
	Name of Person Area C	
Enclosed	ed is a check for the following amount:	•
]\$ 125.00	Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy ditional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLESOF ORGANIZATIONFORFLORIDALIMITEDLIABILITY COMPANY

	and Landscaping, LLC			
(Must end v	with the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")	•
ARTICLE II - Address:				
The mailing address and street ad	ldress of the principal o	office of the Limited	l Liability Company is:	
<u>Principa</u>	al Office Address:	·	Mailing Address:	
12783 CR 101		127	83 CR 101	
Oxford FL 34484		Oxf	ord FL 34484	
ADTICLE III. Posistaved Age	nt Designared Office		1 day 200 - 1 day	
another business entity with an a	cannot serve as its own ctive Florida registration	& Registered Age Registered Agent.	nt's Signature: You must designate an individual or	16 DEC :
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration	& Registered Age Registered Agent.	nt's Signature: You must designate an individual or	16 0EC -9
(The Limited Liability Company another business entity with an a	cannot serve as its own ective Florida registration address of the registered	& Registered Age Registered Agent.	nt's Signature: You must designate an individual or	16 0EC -9
(The Limited Liability Company another business entity with an a	cannot serve as its own ective Florida registration address of the registered	& Registered Agent. Registered Agent. on.) I agent are:	nt's Signature: You must designate an individual or	16 0EC -9
(The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registration address of the registered Randall W Haynes	& Registered Age a Registered Agent. on.) a agent are: Name	nt's Signature: You must designate an individual or	16 0EC -9
	cannot serve as its own ctive Florida registration address of the registered Randall W Haynes 2585 Privada Dr	& Registered Age a Registered Agent. on.) a agent are: Name	nt's Signature: You must designate an individual or	SECRETARY OF STATE

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

Page1 of2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	Richard A Flannery
, man	12783 CR 101 Oxford FL 34484
AMBR	Donna Law-Flannery
	12783 CR 101 Oxford FL 34484
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	2017
TICLE V: Effective date, if other than the date n effective date is listed, the date must be splate of filing.)	of filing: January 1, 2017 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days
FICLE V: Effective date, if other than the date n effective date is listed, the date must be sp date of filing.) e: If the date inserted in this block does not n	ecific and cannot be more than five business days prior to or 90 days
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FICLE V: Effective date, if other than the date in effective date is listed, the date must be sp date of filing.) te: If the date inserted in this block does not n document's effective date on the Department. FICLE VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be I of State's records.
FICLE V: Effective date, if other than the date in effective date is listed, the date must be specified of filing.) E: If the date inserted in this block does not need to document's effective date on the Department of the Depar	neet the applicable statutory filing requirements, this date will not be I of State's records.
PICLE V: Effective date, if other than the date in effective date is listed, the date must be speciate of filing.) Le: If the date inserted in this block does not not document's effective date on the Department of CICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a metal this document is executed any false.	neet the applicable statutory filing requirements, this date will not be I of State's records.

as

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)