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Certified Copies	_ Certificates	s of Status
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Office Use Only



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K. Brumbley

## **COVER LETTER**

TO: New Filing Section Division of Corporations
THE LAWN ENGINEERS LLC.
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:
JOSE N RAMIREZ
Name of Person  Firm Company
12103 WATERSTON CT APT 408
Address
ORLANDO FLORIDA 32825
City/State and Zip Code
marinelrm@gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOSE N RAMIREZ 407 8812829
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ÁRTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE LAWN ENGIN (Must con	NEERS LLC. tain the words "Limited l	Liability Company, "L	.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal o	ffice of the Limited Lis	ability Company is:	
Principal Office Address:			Mailing Address:	
12103 WATERSTO ORLANDO, FL, 32			WATERSTONE CT NDO, FL, 32825	APT 408
(The Limited Liability Compananother business entity with an The name and the Florida street	active Florida registratio address of the registered CARLOS J LOPEZ 12103 WATERSTOR	n.) I agent are: Name NE CT APT 408		17 APR IL PHIZ: SECRETARY OF STA
		s (P.O. Box <u>NOT</u> acce	•	
	ORLANDO City (	FLORIDA  State	32825 Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	e, I hereby accept the app rovisions of all statutes re bligations of my position	vintment as registered of ating to the proper an	agent and agree to ac id complete performai provided for in Chapta	ct in this capacity. I nce of my duties, and I

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
AMBR AMBR	JOSE N RAMIREZ			
	12103 WATERSTONE CT APT 408 ORLANDO, FL. 32825 CARLOS J LOPEZ			
				12103 WATERSTONE CT APT 408
<del></del>				
If an effective date is listed, the date must ne date of filing.) <u>Note:</u> If the date inserted in this block doe	the date of filing: 04/10/2017 (OPTIONAL)  The specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after  In some of the specific and cannot be more than five business days prior to or 90 days after the specific and cannot be specifically and cannot be specific and cannot be spe			
he document's effective date on the Depar	tment of State's records.			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	amusania			
This document is	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes.			
	ny false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.			
JOSE N R.	AMIRE7			

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)