

# L17000093010

Florida Department of State  
Division of Corporations  
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**To:**

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**FLORIDA LIMITED LIABILITY CO.**

**Will Cardinal Lawn Care, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

17 APR 26 PM 4:42

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DIVISION OF CORPORATIONS  
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TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I NAME

The name of the Limited Liability Company is: **Will Cardinal Lawn Care, LLC**

## ARTICLE II PHYSICAL AND MAILING OFFICE ADDRESS

The physical place of business and mailing address is:

Physical Address:  
7217 Creek Drive  
New Port Richey, FL 34655

Mailing Address:  
PO Box 1301  
Elfers, FL 34680

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## ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida Street address of the initial registered agent is: William Cardinal  
7217 Creek Drive  
New Port Richey, FL 34655

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.

  
\_\_\_\_\_  
Signature/Registered Agent

4-25-17  
\_\_\_\_\_  
Date

## ARTICLE IV Manager(s)

The name, title and address of each person authorized to manage and control the Limited Liability Company:

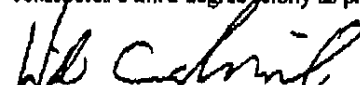
William Cardinal - MGR  
7217 Creek Drive  
New Port Richey, FL 34655

## ARTICLE V EFFECTIVE DATE


The effective date of this filing:

Immediately upon filing

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.817.135, F.S.)

  
\_\_\_\_\_  
Signature/Incorporator/MGR

4-25-17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Printed name of Signee