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SECRETARY STEPLORIOR
TALLARYSSEE FLORIOR

COVER LETTER

	New Filing Section Division of Corporations			
01 II 11 II V	Upright Tree Service, LLC			
SUBJEC		of Limited Liabil	ity Company	
The enclo	sed Articles of Organization and fe	e(s) are submitted	l for filing.	
Please ret	urn all correspondence concerning	this matter to the	iollowing:	
	Rachel Weddle			
		Name of	Person	
		Firm/Co		
	301 Old San Mateo Rd. Lot 21	PHIDOC	mipany	
		Addı	ess	
	Fast Palatka, Fl. 32131			
	EprightTree@yahoo.com	City/State an	id Zip Code	
	E-mail address; (to b	e used for future a	innual report notificat	ion)
For further	information concerning this matter,	, please call:		
	Rachel Weddle	352 _at (454-0029	
	Name of Person	Area Code	Daytime Telephon	e Number
Enclosed	is a check for the following amount	ı:		
\$125.00 I	Filing Fee \$130.00 Filing Fe Certificate of State	tus ——Certifi	00 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section		Street Address 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	(Must contain the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ICLE II - Addr	ress: and street address of the principal office	e of the Limited Liability Company is:
•	Principal Office Address:	Mailing Address:
301 Old 8	San Mateo Rd, lot 21	301 Old San Mateo Rd, lot 21
Fast Palat	ika, Fl. 32131	Tast Palatka, Fl. 32131

The name and the Florida street address of the registered agent are:

Rachel Weddle

Name

301 Old San Mateo Rd, lot 21

Florida street address (P.O. Box NOT acceptable)

East Palatka Florida 32131

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)	<u>litle:</u>		Name and Address:		
(Use attachment if necessary) (OPTIONAL) (OPTIONAL) (OPTIONAL) (OPTIONAL) (Incrive date is listed, the date must be specific and cannot be more than five business days prior to or 90 days of filing.) (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limment's effective date on the Department of State's records. (LE VI: Other provisions, if any. (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limment's effective date on the Department of State's records. (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limment's effective date on the Department of State's records. (In the date inserted in this date will not be limment's effective date on the Department of State's records. (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limment's effective date on the Department of State's records. (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limment's effective date on the Department of State's records. (In the date is listed, the date must be specified and content to the Department of State's records. (In the date is listed, the date must be specified and content in a document to the Department of State's records. (In the date is listed, the date must be specified and content in a document to the Department of State's records. (In the date is listed, the date must be specified and content in a document to the Department of State's records. (In the date is listed, the date must be specified and content in a document to the Department of State's records. (In the date is listed, the date		fember			
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(Use attachment if necessary) LEV: Effective date, if other than the date of filing:			Past Palatka, Pl. 52151		
(Use attachment if necessary) LEV: Effective date, if other than the date of filing:	AMBR		JOHN MAYFIELD		
(Use attachment if necessary) LE V: Effective date, if other than the date of filing:			•		
This document is executed in accordance with section 605.0203 (1) (b). Florida Status. I am aware that any false information submitted in a document to the Department of Status a third degree felony as provided for in s.817.155. F.S. Rachel Weddle Typed or printed name of signee Filing Feess: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$100 Filing Fee for Articles of Organization and Designation of Registered Agent \$100 Filing Fee for Articles of Organization and Designation of Registered Agent \$100 Filing Fee for Articles of Organization and Designation of Registered Agent			East Palatka, Fl. 32131		
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