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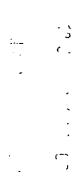
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## **COVER LETTER**

TO:	: New Filing Section Division of Corporations				
CHDIE	Town & Country Services of Florida	ì			
SUBJE	Name of Limited Liability Company				
The end	e enclosed Articles of Organization and fee(s) are submitted for filing.				
Please 1	ase return all correspondence concerning this matter to the following:				
	Daniel B. Beauchemin				
	Name of Person				
	Town & Country Services of Flori	da, LLC			
	Firm/Company				
	10664 Winterview Dr.				
	Address				
	Naples, Fl 34109				
	City/State and Zip Code				
	dantcnaples@gmail.com  E-mail address: (to be used for future annual repor				
For furth	irther information concerning this matter, please call:	( normalion)			
	Daniel Beauchemin 239 290-	7653			
		Telephone Number			
Enclose	closed is a check for the following amount:				
<b>\$</b> 125.0	25.00 Filing Fee \$\frac{1}{25.00}\$	Certificate of Status &			
	Mailing Address Street Add	<del></del>			
	New Filing Section New Filing Division of Corporations Division of P.O. Box 6327 Clifton Bui	Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
	Town & Country Servi	ces of Florida, LLC	<u> </u>
(Must conta	in the words "Limited I	iability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	fice of the Limited	Liability Company is:
Principa	l Office Address:		Mailing Address:
10664 W	interview Dr.		10664 Winterview Dr.
Naple	s, Fl 34109		Naples, Fl 34109
	10664	B. Beauchemin Name Winterview Dr.	
	Florida street address	(P.O. Box <u>NOT</u> a	cceptable)
	Naples	Fl	34109
	City	State	Zip
place designated in this certificate, further agree to comply with the pro	I hereby accept the appo ovisions of all statutes re ligations of my position of Acac	ointment as register lating to the proper	e above stated limited liability company at the ed agent and agree to act in this capacity. I and complete performance of my duties, and I as provided for in Chapter 605, F.S  ure (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Daniel B. Beauchemin  10664 Winterview Dr  Naples, Fl 34109  AGR  Daniel B. Beauchemin  10664 Winterview Dr  Naples, Fl 34109  AGR  Robert J. Zak  2969 Dunbar Ave  Fort Myers, Fl 33916  Description of the date must be specific and cannot be more than five business days prior to or 90 of filing.)  It date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  It date inserted in this block does not meet the applicable statutory filing requirements, this date will not learly seffective date on the Department of State's records.  VI: Other provisions, if any, pointry Services of Florida is a Limted Liability Compnay in which the nature of the business is to engage full activity and provide services throughout the state of Florida.  FOUIRED SIGNATURE:  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.  Paniel Beauchemin  Typed or printed name of signee  Filing Fees:  S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  CD S125.00 Certified Copy (Optional)	Title:	Name and Address:
Daniel B. Beauchemin 10664 Winterview Dr Naples, Fl 34109  AGR  Daniel B. Beauchemin 10664 Winterview Dr Naples, Fl 34109  AGR  Robert J. Zak 2969 Dunbar Ave Fort Myers, Fl 33916  Jes attachment if necessary)  V: Effective date, if other than the date of filing: January 2nd, 2018 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) tive date is nerted in this block does not meet the applicable statutory filing requirements, this date will not lean's effective date on the Department of State's records.  VI: Other provisions, if any, Duntry Services of Florida is a Limted Liability Compnay in which the nature of the business is to engage full activity and provide services throughout the state of Florida.  EOUIRED SIGNATURE:  Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605 203 (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.  Pariel Beauchemin  Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  GD S30.00 Certified Copy (Optional)	"AMBR" = Authorized Member	er
In 10664 Winterview Dr Naples, Fl 34109  Daniel B. Beauchemin 10664 Winterview Dr Naples, Fl 34109  AGR  Robert J. Zak 2969 Dunbar Ave Fort Myers, Fl 33916  Description of the date of filing:  January 2nd, 2018  (OPTIONAL)  (In 1)  (In 2)  (OPTIONAL)  (OPTIO		Daniel B. Resuchemin
Naples, Fl 34109  Daniel B. Beauchemin 10664 Winterview Dr Naples, Fl 34109  AGR  Robert J. Zak 2969 Dunbar Ave Fort Myers, Fl 33916  Se attachment if necessary)  V: Effective date, if other than the date of filing: January 2nd, 2018 (OPTIONAL) tive date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  In date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.)  In date inserted in this block does not meet the applicable statutory filing requirements, this date will not ben's effective date on the Department of State's records.  VI: Other provisions, if any.  Sountry Services of Florida is a Limted Liability Compnay in which the nature of the business is to engage full activity and provide services throughout the state of Florida.  EQUIRED SIGNATURE:  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.  Daniel Beauchemin  Typed or printed name of signee  Filing Fees:  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  States of Portional)	AMBK	
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Fort Myers, FI 33916  See attachment if necessary)  V: Effective date, if other than the date of filing:	MGK	
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