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# COVER LÉTTER

	w Filing Section vision of Corporations	
SUBJECT:	The Wiseman's	Lawn Service + Maintenance, L.L.C
		Limited Liability Company
The enclose	ed Articles of Organization and fee(s	) are submitted for filing.
Please retur	n all correspondence concerning this	s matter to the following:
	RondyAWis	, eman
		Name of Person
	The Wiseman's	Lawn Service o Maintenance, L.L.C. Firm/Company
	8044 R:	tgeHill View Rd Address
	Jackson	City/State and Zip Code
		City/State and Zip Code
_	E-mail address: (to be u	sed for future annual report notification)
For further in	formation concerning this matter, pl	ease call:
Ĩ	Rondy A. Wiseman at	(904) 333-8785  Area Code Daytime Telephone Number
·	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	ling Fee San San Status	
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	Name:
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The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

	Principal Office Address:	Mailing Address:
·		Jackson Will, FI 32210

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Rondy	Wiseman	^
	Name	_
8044 R:do	reHill Vie	wrd
Florida street address	P.O. Box NOT as	cceptable)
Jacksonvil	le Fl	35510
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)

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# ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
o"MGR" = Manager	Osa oilan tan Oi
RONCHAW! Serman	ROHH RidgeHill View Rd.
·	Paciczonnill FI 29510
	<del></del>
(Use attachment if necessary)	
(Osc attachment it necessary)	
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