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(Requestor's Name)					
(Address)					
(Address)					
(Ĉity/State/Żip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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FILED 2811 APR -6 PH 4: 23

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Down and Digty Lawn Svc 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:
Jeffrey P Deas Name of Person
Down and Dirty Lawn Suc LLC Firm/Company
59 pixie circle Address
Crawforville FL 32327 City/State and Zip Code pipefither 8566 @ grail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee S130.00 Filing Fee SCertified Copy (additional copy is enclosed) S130.00 Filing Fee SCERTIFICATION S160.00 Filing Fee SCER
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

$ARTICLES \, OF \, OR \, GANIZATION \, FOR \, FLORIDA \, LIMITED \, LIABILITY \, COMPANY$

ARTICLE I - Name: The name of the Limited Liability	v Company is:							
Da	in the words "Lim	Dirty	Lewn	Suc	LL.C.			
(Must conta	in the words "Lim	ited Liability (Company, "L.1.	C.," or "I	.LC.")			
ARTICLE II - Address: The mailing address and street ad	dress of the princip	oal office of th	e Limited Liab	oility Com	pany is:			
Principal Office Address:		Mailing Address:						
59 pixic	circle FL 32327		5°	آ ميند سامرک	circle	327		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its etive Florida regist address of the regist self-ray for the following server as the server as	own Registere ration.) tered agent are	ed Agent. You	must desig		SCORETARY OF STATE	2818 APR -6 PH 4: 23	さしてし
Having been named as registered a place designated in this certificate, further agree to comply with the pr am familiar with and accept the ob	igent and to accept I hereby accept the ovisions of all statu	service of proceed appointment of the service testing to ition as registe	vess for the abo is registered as the proper and	gent and ag l complete royaled for	gree to act in this performance of t in Chapter 605,	s capacity. I ny duties, an	•	

(CONTINUED)

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:						
"MGR" = Manager MGR".	Settrey P Decs 59 Dixte CIL Crawbiord ville, Fl 32307						
	APR -6 PH						
	PH 4: 23 E. F. DATE E. F. DATE						
(Use attachment if necessary)							
he date of filing.)	and cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as						
ARTICLE VI: Other provisions, if any,							
REQUIRED SIGNATURE:							
This flocument is executed in I am aware that any false infor	or an authorized representative of a member. accordance with section 605.0203 (1) (b). Florida Statutes. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.						
Jeff D	ed 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)