

7/25/2018

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : STANLEY A. GOLDSMITH, ATTORNEY AT LAW
Account Number : I20000000069
Phone : (941)955-4990
Fax Number : (941)955-4997

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.
Certified Local Lawn Care LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION
OF
CERTIFIED LOCAL LAWN CARE, LLC

a Florida Limited Liability Company

FIRST: The name of the Limited Liability Company shall be CERTIFIED LOCAL LAWN CARE, LLC (hereinafter referred to as the "Company").

SECOND: The mailing address and street address of the principal office of the Limited Liability Company is 5726 Deer Hollow Trail, Sarasota, Florida 34232.

THIRD: The duration of the Company's existence shall be perpetual.

FOURTH: The purposes for which the Company is organized are any and all lawful purposes for which a Limited Liability Company may be organized pursuant to the laws of the State of Florida and the United States.

FIFTH: The Company shall be managed by its Manager(s). Initially, there shall be ONE (1) Manager whose name and address is BRIAN FLANAGAN, 5726 Deer Hollow Trail, Sarasota, Florida 34232. BRIAN FLANAGAN shall serve as President, Secretary, and Treasurer of the Company.

SIXTH: Company shall be initially authorized and empowered to issue a single class of Membership Units consisting of (i) TEN THOUSAND (10,000) Units.

SEVENTH: By majority vote of authorized and outstanding Membership Units, the Members may agree to admit additional Members to join the Company and establish the terms of their contributions to join.

EIGHTH: In the event of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, the remaining Members may continue the business thereof.

NINTH: Whenever a Member or his legal representative requests a step-up election under Section 754 of the Internal Revenue Code as the same may be amended from time to time, such election shall be made as all Members of the Limited Liability Company, upon subscription for units therein, hereby irrevocably consent to such election when requested by any other Member.

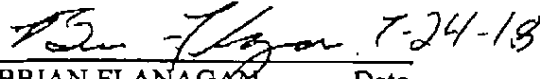
TENTH: Whenever income is earned by the Company, there shall be, at a minimum, sufficient distribution of income to its Members to allow them to pay, on a timely basis, all of their U.S. Federal, State and local tax liabilities imposed by virtue of their membership interest in the Company.

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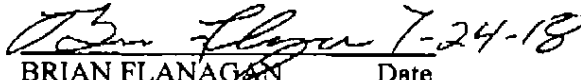
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ELEVENTH: The undersigned hereby forms the Company and by signing below, certifies in accordance with Florida Statute 605.0201 (4) that the Company will have at least one Member at the time the Articles of Organization become effective. These Articles of Organization shall become effective on their filing date.

Member:


BRIAN FLANAGAN Date
5726 Deer Hollow Trail,
Sarasota, Florida 34232

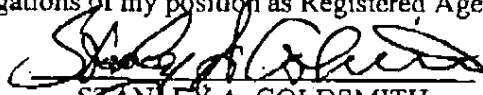
TWELFTH: We hereby agree to serve as an Initial Manager of the Company.


BRIAN FLANAGAN Date
5726 Deer Hollow Trail,
Sarasota, Florida 34232

THIRTEENTH: Pursuant to the provisions of Section 605.0113, Florida Statutes, the Company designates the name and address of its Registered Agent and office as follows:

Stanley A. Goldsmith
2937 Bee Ridge Road
Suite 9
Sarasota, Florida 34239

FOURTEENTH: To the Managers of CERTIFIED LOCAL LAWN CARE, LLC: Having been named as Registered Agent and to accept Service of Process for the Company at the place designated in these Articles, 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 am familiar with and accept the obligations of my position as Registered Agent.


STANLEY A. GOLDSMITH
2937 Bee Ridge Road
Suite 9
Sarasota, Florida 34239

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State of Florida)

County of Sarasota) ss:

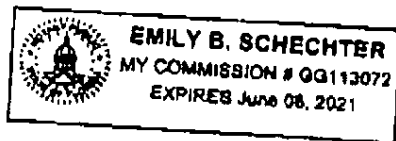
The foregoing was acknowledged before me by STANLEY A. GOLDSMITH and BRIAN FLANAGAN, this 24th day of July, 2018. They are personally known to me or produced Driver's License as Identification.

Emily B. Schechter
Signature of Notary Public

Emily B. Schechter
Print Name of Notary Public

I am a Notary Public of the state of Florida
and my commission expires on 06/08/2021.

Seal



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