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| (Re | equestor's Name) | | | |
|---|----------------------|----------|--|--|
| (Ac | ldress) | | | |
| (Ac | ddress) | | | |
| (Ci | ty/State/Zip/Phone # |) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STAT ALLAHASSEE. FLOR

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COVER LETTER

| TO: New Filing Section Division of Corporations |
|---|
| SUBJECT: All Carties Lawn Services & I rigation Systems, 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: |
| Alexander pronteagudo Name of Person |
| All Countres Lawn Securces & Iragation Syctems, LLC Firm/Company |
| 104615 oversear Huy-Unit +5 |
| City/State and Zip Code Ho Heagudo a Dell South, Not 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: |
| \$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | CI | Fi | _ | No | m. |
|------|-------|----|---|-----|------|
| ARI. | IN.I. | | - | 134 | urc. |

The name of the Limited Liability Company is:

All Counties Lawn Securces & Iraqation Systems, LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "ELC.")

ARTICLE II - Address:

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

| Principal Office Addres |
|-------------------------|
| Principal Ullice Addres |

Mailing Address:

Vey Lago, I 33037

104615 Overseas Huy # 5

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.)

am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

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

Alexander Manteagus

104615 Operseus Huy #5
Florida street address (P.O. Box NOT acceptable)

Vey Largo, Tr. 33037

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

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SEP 12 PM 1: 2

| The name and address of each person author | orized to manage and control the Limited Liability Company: |
|---|---|
| Title: "AMBR" = Authorized Member | Name and Address: |
| "MGR" = Manager HGR | Alexander monteagues 104.615 oversear Huly \$ 5 100 Lago, \$1 33037 |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| If an effective date is listed, the date must be speci he date of filing.) | filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after et the applicable statutory filing requirements, this date will not be listed as State's records. |
| ARTICLE VI: Other provisions, if any. | |
| REQUIRED SIGNATURE: | J. |
| This document is executed I am aware that any false in constitutes a third degree for | ber or an authorized representative of a member. I in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State elony as provided for in s.817.155, F.S. |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE TALLAHASSEE, FLORIDA