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Florida Department of State
Division of Corporations
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To:

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

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Account Name : SUPERBIZ.COM, INC.
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****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.
PACKAGE DEAL LAWN CARE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

#19000085591-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

PACKAGE DEAL LAWN CARE LLC

ARTICLE II ADDRESS

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

714 CANTON AVENUE
LEHIGH ACRES, FLORIDA 33972

ARTICLE III REGISTERED AGENT

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

BRITTANY MUDGE
714 CANTON AVENUE
LEHIGH ACRES, FLORIDA 33972

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.

X /s/ brittany mudge

BRITTANY MUDGE / Registered Agent's signature

FILED
19 MAR 13 PM 7:51
CLERK OF CIRCUIT COURT
LEHIGH ACRES, FLORIDA

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PAGE 2 PACKAGE DEAL LAWN CARE LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

BRITTANY MUDGE

714 CANTON AVENUE

LEHIGH ACRES, FLORIDA 33972

AUTHORIZED MEMBER

CODY MUDGE

714 CANTON AVENUE

LEHIGH ACRES, FLORIDA 33972

.....

X /s/ brittany mudge

BRITTANY MUDGE / Authorized Representative's signature

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

FILED
MAR 13 PM 7:54
STATE OF FLORIDA
DEPARTMENT OF STATE

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