

Division of Corporations

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**L19000085949**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LYONS & LYONS, P.A.  
Account Number : E20030000961  
Phone : (239)948-1823  
Fax Number : (239)948-1826

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rlyons@lyons-law.com

**FLORIDA LIMITED LIABILITY CO.  
GREATVIEW LAWN CARE, LLC**

Certificate of Status	0
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
GREATVIEW LAWN CARE, LLC**

**ARTICLE I - NAME**

The name of the limited liability company is Greatview Lawn Care, LLC, ("company").

**ARTICLE II - ADDRESS**

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

Principal Office Address:  
24208 Production Circle  
Bonita Springs, Florida 34135

Mailing Address:  
P.O. Box 367631  
Bonita Springs, Florida 34136

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

L&L PARA, Ltd. Co.  
27911 Crown Lake Blvd., Suite 209  
Bonita Springs, Florida 34135

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*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.*

L&L PARA, Ltd. Co., a  
Florida limited liability company

By: Richard D. Lyons  
Richard D. Lyons  
Its: Manager

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ARTICLE IV - MANAGERS OR MEMBERS

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

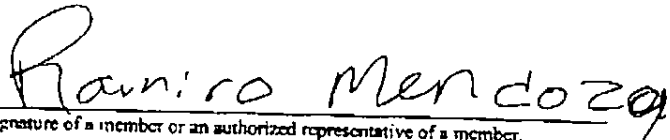
Title:  
"MGR" = Manager  
"AMBR" = Authorized Member

Name and Address:

MGR

Ramiro Mendoza  
24208 Production Circle  
Bonita Springs, Florida 34135

REQUIRED SIGNATURE:

  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Ramiro Mendoza  
Typed or printed name of signer

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