

Florida Department of State
 Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
 STANDARD LAWN CARE, LLC**

Certificate of Status	0
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Page Count	03 04
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 TALLAHASSEE, FLORIDA

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May 20, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUPERBIZ.COM, INC.

SUBJECT: STANDARD LAWN CARE, LLC
REF: W19000048978

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Jessica A Fason
Regulatory Specialist II

FAX Aud. #: H19000162146
Letter Number: 519A00010169

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

ARTICLE I NAME

The name of the Limited Liability Company is:

STANDARD LAWN CARE OF MIDDLEBURG, LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

2925 FLORENCE DRIVE
MIDDLEBURG, FLORIDA 32068

The mailing address of the Limited Liability Company is:

PO BOX 602
MIDDLEBURG, FLORIDA 32050

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TALLAHASSEE, FLORIDA

ARTICLE III REGISTERED AGENT

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

SAMUEL J COLLINS
2925 FLORENCE DRIVE
MIDDLEBURG, FLORIDA 32068

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/ Samuel J Collins
SAMUEL J COLLINS / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER
SAMUEL J COLLINS
PO BOX 602
MIDDLEBURG, FLORIDA 32050

AUTHORIZED MEMBER
STACY COLLINS
PO BOX 602
MIDDLEBURG, FLORIDA 32050

.....

X /s/ Samuel J Collins
SAMUEL J COLLINS / 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 a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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