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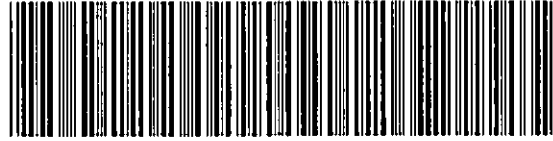
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**DATE: 8/8/19**

**NAME: FLOWERS TREE SERVICE LLC**

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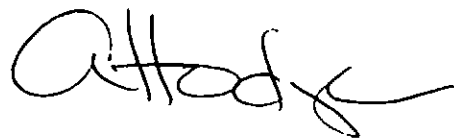
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

## **ARTICLE I**      **NAME**

The name of the Limited Liability Company is:

FLOWERS TREE SERVICE LLC

## **ARTICLE II**      **ADDRESS**

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

3017 AIRPORT ROAD

CRESTVIEW, FLORIDA 32539

## **ARTICLE III**      **REGISTERED AGENT**

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

A1A REGISTERED AGENT INC.

5647 110TH AVENUE N

ROYAL PALM BEACH, FLORIDA 33411

*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/ Tina Maki

TINA MAKI / Registered Agent's signature

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PAGE 2      FLOWERS TREE SERVICE LLC

**ARTICLE IV      AUTHORIZED PERSON(S)**

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

AUTHORIZED MEMBER  
JONATHAN FLOWERS  
3017 AIRPORT ROAD  
CRESTVIEW, FLORIDA 32539

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X       /s/       Jonathan Flowers  
JONATHAN FLOWERS / 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.)*