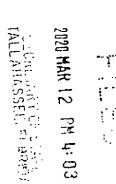
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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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T. BURCH (SR 1 2 2020)

COVER LETTER

	New Piling Section Division of Corporations
SUBJEC	T: Bori Lawn Care LC Name of Limited Liability Company
The enclo	osed Articles of Organization and fee(s) are submitted for filing.
Please res	turn all correspondence concerning this matter to the following:
	Alex Garcia Name of Person
	Bori Lawn Care IIC
	9420 Lazy Lane Unit C-13
	Tampa, FL 33114 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furthe	r information concerning this matter, please call:
	Altx Garcia at 813 544 - 1928 Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
□\$125.0	Of Filing Fee Length Status St

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bori Lawn Car Must constin the words "Limited Linkilling"	T LLC
(Must conatin the words "Limited Liability C	company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
9420 Lazy Lane	9420 Lazy Lane
Tampa, FL 33414	Tampa, FL 33614
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	d Agent. You must designate an individual or
The name and the Florida street address of the registered agent are	HAR AHA
Airx Garc	ASSE 12
Name	
9420 Lazy	Lane Unit C-13 = 1
Florida street address (P.O. Bo	ox NOT acceptable)
lampa F	<u> </u>
City Stat	e Zip
Having been named as registered agent and to accept service of proc place designated in this certificate, I hereby accept the appointment a further agree to comply with the provisions of all statutes relating to t am familiar with and accept the obligations of my position as register	s registered agent and agree to act in this capacity. I

(CONTINUED)

Registered Agent's Signature (REQUIRED)

BARATIDE of Authorized SALLER	Name and Address:
'AMBR" - Authorized Member	
'MGR" = Manager	Mary Constant
MGR/AMBR	MICX MARCIA
	9410 Lazy Lane Unit 6-13
	Tampa, FL 331/14
	S
	(1): (1):
	70
	المميور
	<u> </u>
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ective date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d
E.V: Effective date, if other than the dat ective date is listed, the date must be so of filing.)	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
EV: Effective date, if other than the dat ective date is listed, the date must be so of filing.) the date inserted in this block does not	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
E V: Effective date, if other than the date ective date is listed, the date must be suffilling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b
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EV: Effective date, if other than the date entire date is listed, the date must be sportfiling.) the date inserted in this block does not next is effective date on the Department EVI: Other provisions, if any.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b t of State's records.
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E V: Effective date, if other than the date entire date is listed, the date must be suffilling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. Signature of a management of the document is executed an aware that any false.	pecific and cannot be more than five business days prior to or 90 d meet the applicable statutory filing requirements, this date will not b t of State's records.
E V: Effective date, if other than the date entire date is listed, the date must be sport filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man This document is exect 1 am aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be of State's records. The presentative of a member. The interest an authorized representative of a member. The interest an authorized representative of a member. The interest in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
SV: Effective date, if other than the date retive date is listed, the date must be significant.) The date inserted in this block does not cent's effective date on the Department. VI: Other provisions, if any. Signature of a mathematical department is executed an aware that any false constitutes a third degree.	meet the applicable statutory filing requirements, this date will not be of State's records. The property of an authorized representative of a member. The property of the statutory filing requirements and the statutes of a member. The property of the presentative of a member. The property of the presentative of the presentative of Statutes are information submitted in a document to the Department of State.

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)