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## **COVER LETTER**

SUBJECT		yard care LLC		
3063601	•	Name of Lim	ited Liability Company	<del></del>
The enclos	ed Articles of Or	ganization and fee(s) are	submitted for filing.	
Please retu	rn all correspond	ence concerning this mat	tter to the following:	
	Roger Lewis			
			Name of Person	
	Roger Lewis ya	ard care LLC		121 JUL 12 PM I2: 08
			Firm/Company	12
	1990 Brady Gro	ove Rd		12 PM
			Address	
	Titusville, FL 3	2796		<b>18 10 1</b>
			ty/State and Zip Code	
	lewis 1954roger@			
	E-n	nail address: (to be used	for future annual report notificati	on)
For further in	nformation conce	rning this matter, please	call:	
	Roger Lewis	at (	321,593-9	690
	Name o	f Person Ar	ea Code Daytime Telephone	e Number
Enclosed is	a check for the	following amount:		
□\$125.00		□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing A	Address	Street Address	
	New Filin	g Section	New Filing Section Di	

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

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

Danut mile co	Lagra LLC				
Roger Lewis vard (Must o	conatin the words "Limited	Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:					
The mailing address and stre	et address of the principal of	office of the Limited	Liability Company is:		
<u>Prin</u>	cipal Office Address:		Mailing Add	l <u>ress</u> :	
1990 Brady Grov			0 Brady Grove Rd		
Titusville, FL 32	796	Titu	isville, FL 32796		
another business entity with  The name and the Florida str	eet address of the registered				
	Roger Lewis	Name	<del></del>		
	1000 D t C D				
	1990 Brady Grove R Florida street addres		acceptable)		
	Titusville	FL	32796		
laving been named as register lace designated in this certific					

## ARTICLE IV-

•

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

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Roger Lewis
	1990 Brady Grove Rd
	Titusville, FL 32796
ffective date is listed, the date must	be date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inserted in this block does	be specific and cannot be more than five business days prior to or 90 days a s not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the ffective date is listed, the date must e of filing.)  If the date inserted in this block does tument's effective date on the Departure of the Departure	be specific and cannot be more than five business days prior to or 90 days as not meet the applicable statutory filing requirements, this date will not be list timent of State's records.
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)