Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000442060 3)))



H210004420603ABCT

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

Email Address: RNLAWNSERVICE1007@GMAIL.COM

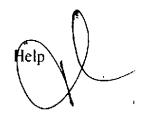
121 DEC -3 PH 3: 1,7

## FLORIDA LIMITED LIABILITY CO. RN LAWN SERVICE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu



H21000442060

## ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

	RN LAWN	SERVICE LLC
(N	Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address The mailing address an		cipal office of the Limited Liability Company is:
Principal Office Addr	ess:	Malling Address:
2430 SW 80TH T	ERR	2430 SW 80TH TERR
MIRAMAR, FL 33		MIRAMAR, FL 33025
ARTICLE III - Regist	tered Agent, Registered (	Office, & Registered Agent's Signature:
(The Limited Liability) another business entity	lered Agent, Registered ( Company cannot serve as it with an active Florida reg da street address of the reg	Office, & Registered Agent's Signature: Is own Registered Agent. You must designate an individual or istration.) It istered agent are:
(The Limited Liability) another business entity	Company cannot serve as it with an active Florida reg	Office, & Registered Agent's Signature: Is own Registered Agent. You must designate an individual or istration.) It istered agent are:
(The Limited Liability) another business entity	Company cannot serve as it with an active Florida regular da street address of the regular cannot be regular to the regular cannot be required to the required to th	Office, & Registered Agent's Signature: Is own Registered Agent. You must designate an individual or istration.) It istered agent are:
(The Limited Liability) another business entity	Company cannot serve as it with an active Florida regular da street address of the regular cannot be regular to the regular cannot be required to the required to th	Office, & Registered Agent's Signature: Its own Registered Agent. You must designate an individual ordistration.) Itistered agent are:
(The Limited Liability) another business entity	Company cannot serve as it with an active Florida reg da street address of the reg YADIRA MARTINE  2430 SW 80TH TE	Office, & Registered Agent's Signature: Its own Registered Agent. You must designate an individual ordistration.) Itistered agent are:
(The Limited Liability) another business entity	Company cannot serve as it with an active Florida reg da street address of the reg YADIRA MARTINE  2430 SW 80TH TE	Office, & Registered Agent's Signature: Is own Registered Agent. You must designate an individual or istration.) It istered agent are:

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..

Registered Agent's Signature (REQUIRED)

YADIRA MARTINEZ

(CONTINUED)

Page 1 of 2

H21000442060

pg 4 of 4

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager AMBR	NEVIN ORDONEZ	
	2430 SW 80TH TERR MIRAMAR, FL 33025	
AMBR	RICHARD LAMB	
	120 GLENN PARKWAY	
	HOLLYWOOD, FL 33021	
(Use attachment if necessary)	<del> </del>	
FICLE V: Effective date, if other than the date of	of filing: (OPTIONAE)	ئەن
TODE Dileville date; if outer that the date t	(O11101/11E)	
n effective date is listed, the date must be spe-	cific and cannot be more than five business days prior to or 90 o	days afte
n effective date is listed, the date must be spedate of filing.)	cific and cannot be more than five business days prior to or 90 (	$\Box$
n effective date is listed, the date must be spe- late of filing.)	cific and cannot be more than five business days prior to or 90 (	
n effective date is listed, the date must be spe- late of filing.)	cific and cannot be more than five business days prior to or 90 (	C-3 A
n effective date is listed, the date must be spe- late of filing.)	: - - - - - - -	C -3
n effective date is listed, the date must be spe- late of filing.)	: : : : : : : :	€-3 AH   :
n effective date is listed, the date must be spe- late of filing.)  TICLE VI: Other provisions, if any.	: - - - - - - -	C-3 A
n effective date is listed, the date must be spe- late of filing.)	: : : : : : : :	€-3 AH   :
n effective date is listed, the date must be spe- late of filing.)  TICLE VI: Other provisions, if any.	: : : : : : : :	€-3 AH   :
REQUIRED SIGNATURE:  Signature of a men (In accordance with section 6 constitutes an affirmation un I am aware that any false info	mber or an authorized representative of a member. i05.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State	€-3 AH   :
ricle VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 6 constitutes an affirmation un I am aware that any false info	mber or an authorized representative of a member. i05.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.	€-3 AH   :

Page 2 of 2