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Special Instructions to	Filing Officer:	
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SECKCIANY OF STATE
TALLAHASSEE, FLORINA

T. BURCH

# COVER LETTER

TO: New Filing Section Division of Corporations	3		
SUBJECT: RADAR	Name of Limited	4 ORNAM Liability Company	ental Pest Con 50
The enclosed Articles of Organizat	ion and fee(s) are sub	mitted for filing.	
Please return all correspondence co	nceming this matter t	o the following:	
John	R HAYE	5 JR Ime of Person	
RADAR	LAWKS	ORNAMENTA m/Company	if Pent Control
1011 W A	nderson	Address	
ORMAN HAYES L-mail addi	ulo, Fla 9552 (c) ess: (to be used for fi	ate and Zip Code  ate and Zip Code  ate and Zip Code  ateria annual report notificat	
For further information concerning th	is matter, please call:		,
JOHN HAYE Name of Person	at ( <u>40</u> Area C	7 45/- Daytime Telephon	<del></del>
Enclosed is a check for the followin	g amount:		,
	ite of Status (	D\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address New Filing Section	1	Street Address New Filing Section Di	wirion

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

### ARTICLE I - Name:

The name of the Limited Liability Company is:

RADAR LAWN + DRIVAMENTAL PERT CONTROL SUC LLC. "Or "I.C." or "I.C."

## ARTICLE II - Address:

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

Principal Office Address:

1011 W ANUERSON ST 1011 W Arriver, Pla ORLANDO, 3250	Rylla G Eleu Ob	To the second
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individant of business entity with an active Florida registration.)	lual or	
The name and the Florida street address of the registered agent are:    Town & Hayes, Jr.   Name	SECKETAK TALLAHASS	1
Florida street address (P.O. Box NOT acceptable)  Okh, Flu 32805  City State 7in	4 AM II: 31 SEE, FLORIDA	Ín O

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..

(CONTINUED)

The name and address of each person	n authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	John R HAyes JR OPHAVULO, Fla 39.305
	SECREL NHA
	SSET OF THE OF T
the date of filing.)	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	R I kary D
I am aware that any fa constitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.
_ Jol	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)