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Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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FLORIDA LIMITED LIABILITY CO.

VIERA LAWN SERVICES, LLC Certificate of Status Certified Copy 03 Page Count \$130.00 Estimated Charge

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must contain the words "Limited Liability Compney. "L.L.C." or "L.C.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: Same ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its 0 NT Registered Agent, You must designate an individual or another business entity with an active Florida registered agent are: Bland VIERA Name 10001 S.W. 41 ST ST. Florida street address (P.O. Box NOT acceptable) North FL 33165 City State Zip Maving been named as registered agent and to accept service of pracess for the above stated limited liability company at the place designated in this certificate, thereby 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 thaties, and am familiar with and accept the obligations of my position as registered peofics as provided for in Chapter 605, F.S. Registered Agent Stignature (REQUIRED) (CONTINUED)	ARTICLE 1- Name: The name of the Limited Liabili	ity Company is:				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Principal Office Address: Mailing Address:	Viol	ERA LAWN	1 Seave	ces, LL	<u>Z</u> .	
Principal Office Address: Principal Office Address: Principal Office Address: Mailing Address:	(Must con	tain the words "Limited L	iability Company.	."L.L.C" or "LLC.")		
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 individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: DANGA VIERA Name 100 01 S.W. H. ST.		uldress of the principal of	fice of the Limited	t Liability Company is:		
ARTICLE II) - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: DANGA VERA Name 100 01 S.W. ST. Florida street address (P.O. Box NOT acceptable) VERA State Zip City State Zip Maving been named as registered agent and to accept service of process for the above stored 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 thinks, and am familiar with and accept the obligations of my position as registered peofit as provided for in Chapter 605, F.S. Registered Agent Stighelure (REQUIRED)	<u>Princip</u>	al Office Address:		Mailing Ac	dress:	
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 individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: DANGA VIERA	10001 S Miami,	.w. 41 ST STEL 33/65	<u>S7.</u> _			
Florida street address (P.O. Box NOT acceptable) City State Zip 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 divines, and am familiar with and accept the obligations of my position as registered pools as provided for in Chapter 605, F.S Registered Agent Stignature (REQUIRED) (CONTINUED)		address of the registered :	igent are:	ERA		
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					: -	$\frac{\sigma}{\sigma}$

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	72/
AMBR	BLANCA VIERA
MGR	10001 SW 4187, MIAMI, F1 33165
MGR	BLANCA VIERA
	10001 S.W. 41 ST, M. Aug. Fl 33165
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(Use attachment if necessary)	
LEV: Effective date, if other than the offective date is listed, the date must be e of filing.) If the date inserted in this block does n	date of filing:
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CLE V: Effective date, if other than the defective date is listed, the date must be set of filing.) If the date inserted in this block does notiment's effective date on the Department of the University of the Provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exiliarn aware that any is constitutes a third defective date.	not meet the applicable statutory filing requirements, this date will not be cent of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5:00 Certificate of Status (Optional)