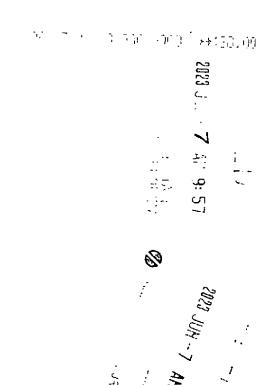
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Special Instructions to Fili	ing Officer:	

Office Use Only



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## COVER LETTER

TO: New Filing Se Division of Co			
SUBJECT: Agg	Name of Limit	ned Liability Company	crice LLC
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	oondence concerning this matt	er to the following:	
		Pleas Lee Name of Person	
Agge	essive Home	Firm/Company	cryice ILC
		Lake Road	
	Manticala	F 32344  ty/State and Zip Code  XCO GNOW 1.CO  for future armual report notification	
,2 ·	E-mail address: (to be used	for future armual report notification	on)
For further information	concerning this matter, please	call:	
<u> </u>	Teas Lee at (	750) 363-25 rea Code Daytime Telephone	S & Sumber
Enclosed is a check fo	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	☐S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	(D\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Nev Div	iling Address w Filing Section vision of Corporations D. Box 6327	Street Address New Filing Section D The Centre of Tallahi 2415 N. Monroe Stre	issee

Tallahassee, FL 32314

Tallahassee, FL 32303

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

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

Principal Office Address:

another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ARTICLE II - Address:

ARTICLET-Name:
The name of the Limited Liability Company is: Aggressive Home and Land Service, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

Pleas Lee		
Name		
Florida street address (P.O. Box NOT acceptable)		
Monticello, Fl 32344  City State Zip		
Having been named as registered agent and to accept service of process for the above stated limited liability company at place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, a 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)		
(CONTINUED)		
	2023	
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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager M 6 R (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 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) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-