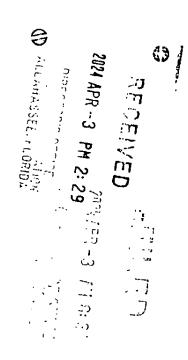
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PICK-UP	WAIT	MAJL MAJL
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Certified Copies	Certificates o	of Status
Special Instructions to Filing	Officer:	
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COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Freddie Ready Lawn Service LLC. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person	
Firm/Company 1359(a m.ccoSURec Rd Address Tallahassee FL 32309 City/State and Zip Code Will S - Rock Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Renal Mill at (850) 597-1395 Name of Person Area Code Daytime Telephone Number 1	, ,
Enclosed is a check for the following amount: \$\Bigsize \text{S130.00 Filing Fee} & \Bigsize \text{S130.00 Filing Fee} & \Bigsize \text{Certified Copy} & \Certificate of Status & \Certified Copy & \Certified C]
Mailing Address New Filing Section New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address 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:
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The name of the Limited Liability Company is:

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

Princ	ipal Office Address:		nited Liability Company i	Address:
TAlian	ass & #138	309	13596 Mici	050 Lie Rd - 12309
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an The name and the Florida street	active Florida registrat	tion.)	Agent's Signature: ent. You must designate an	n individual or
The name and the Florida street				
	- fonald	Mills	.)(
		Name		•
	13596 W	iccosulte e	Rd	
	riorida street addre	ss (P.O. Box NOT	[acceptable)	
	Tallers of yer	<u>(- 1- </u>	32369	
daving been named as registered a lace designated in this certificate,	City	State	Zip	

(CONTINUED)

ARTICLE IV- The name and address of each per Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
HOK D	
Ambr	Ronald Will's ST 13596 microsucce Co.
Milly Color	13596 miccosolee la
(Use attachment if necessary)	APr \ 3 7024 (OPTIONAL)
CLE V: Effective date, if other that effective date is listed, the date make of filling.)	to the date of filing: <u>fire 1 3, 7024</u> . (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 day does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
CLE V: Effective date, if other tha	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
CLE V: Effective date, if other that effective date is listed, the date made of filing.) If the date inserted in this block cument's effective date on the December 1.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
CLE V: Effective date, if other that effective date is listed, the date make of filing.) If the date inserted in this block cument's effective date on the December of the De	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
CLE V: Effective date, if other that effective date is listed, the date made of filing.) If the date inserted in this block cument's effective date on the December of the De	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
ELE V: Effective date, if other that effective date is listed, the date made of filing.) If the date inserted in this block cument's effective date on the December of the De	does not meet the applicable statutory filing requirements, this date will not be epartment 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)