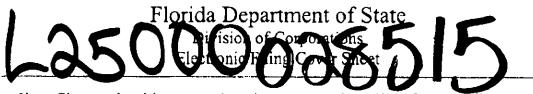
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Division of Corporations



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From:

Account Name : FASTKII CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591 S. CHATHAM

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Fma11	Address:		
	MAMIEST!		

## FLORIDA LIMITED LIABILITY CO.

Red Beard Lawn Care, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLE I - Name:

## AKTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

(Must cont	min the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")	
TICLE II - Address:			
mailing address and street a	ddress of the principal office of the	Limited Liability Company is:	
Princip	al Office Address:	Mailing Ado	dren:
587 1/2 Dixie Hwy			
Tarpon Springs FL 3	4689		
Limited Liability Company or business entity with an a	ent, Registered Office, & Registere cannot serve as its own Registered a active Florida registration.)	ed Agent's Signature: Agent. You must designate an in	ndividu
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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)

(CONTINUED)

Title: "AMBR" = A "MGR" = Ma	uthorized Member mager	Name and Address:	
MGR		Clarence William Owen 587 1/2 Dixie Hwy Tarpon Springs FL 34689	
<del></del>			
	<del></del>		
************	<del></del>		
·	nt if necessary)		
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