

L68000089260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

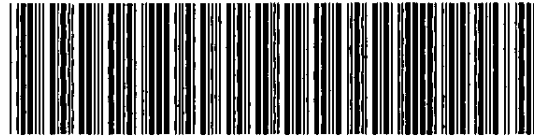
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 SEP 18 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON  
SEP 19 2008  
EXAMINER

52877-806

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: GREENVIEW LANDSCAPE PEST CONTROL**

(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:

**JASON COSTA**

(Name of Person)

**GREENVIEW LANDSCAPE PEST CONTROL**

(Firm/Company)

**PO BOX 2727**

(Address)

**WINDERMERE FLORIDA 34786**

(City/State and Zip Code)

For further information concerning this matter, please call:

**JASON COSTA**

(Name of Person)

at ( **407** ) **766 7174**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

08 SEP 18 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 9, 2008

JASON COSTA  
P O BOX 2727  
WINDERMERE, FL 34786

SUBJECT: ??????????????  
Ref. Number: W08000041835

We have received your document for ?????????????? and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of you LLC in article 1 along with the LLC suffix.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 908A00049294

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

GREENVIEW LANDSCAPE PEST CONTROL LLC.

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

### ARTICLE II - Address:

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

#### Principal Office Address:

3609 OLD WINTER GARDEN RD  
SUITE B 3 & 4  
ORLANDO FL 32805

#### Mailing Address:

P.O. BOX 2727  
WINDERMERE FL 34786

### 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:

RACHEL COSTA

Name

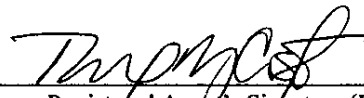
3609 OLD WINTER GARDEN RD

Florida street address (P.O. Box **NOT** acceptable)

ORLANDO, FLORIDA. 32805

City, State, and 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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

JASON COSTA

7836 ST.ANDREWS CIR.

ORLANDO FL 32835

MGRM

RACHEL COSTA

7836 ST.ANDREWS CIR.

ORLANDO FL 32835

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**JASON COSTA**

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)

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08 SEP 18 AM 10:35  
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TALLAHASSEE, FLORIDA