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SECRETARY DE STATE

(850) 245-6051.

•	COVE	R LETTER.	and the state of the state of
TO: Registration S Division of Co			e di di
SUBJECT:	BISHOPS Name of Limit	Lawn Pa+	rol
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this matt	ter to the following:	
	Chad Michae	BIShop Name of Person	
1	Bishops Li	awn Patro	, <u>į</u>
258	9 Grassm	NOT LOOP	<u> </u>
	Apopka	FL. 32712 ty/State and Zip Code	
	bisho082@.	yahoo.com	
	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Chad Big	Shop of Person	at (AD7) 8 U5	-2292 phone Number
Enclosed is a check for	or 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	Street/Courier Address	

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

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
• • •	PATY OLLUC.	•
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited I	Liability Company is:
Principal Office Address:	Mailing Address:	
Apopka, FL. 32712	2589 Grassmanner	9001 LOOP 30710
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)		
The name and the Florida street address of the r	egistered agent are:	
<u>Chad Mic</u>	hael Bishops	
2589 Grass		
	lress (P.O. Box <u>NOT</u> acceptable)	
City St	TEL 32712 ate, and Zip	
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacall statutes relating to the proper and complet and accept the obligations of my position as re	accept service of process for th his certificate, I hereby accept ity. I further agree to comply to e performance of my duties, ar	the appointment as with the provisions of and I am familiar with
Charles Signated Agent's Signated	ure (REQUIRED)	
(CONTIN		FILE 13 FEB 21 A SECRETARY OF TALLAMASSEE
		-v. "3"; Te 8 4 5

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	nber
M6R	Chad Michael Bishop 2589 Grassmoor Loop Apopra, FL. 32712
(Use attachment if necessar	у)
	date must be specific and cannot be more than five business.

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. 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.)

had Michael Bishop
Typed or printed name of signed

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)