

L14000091346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

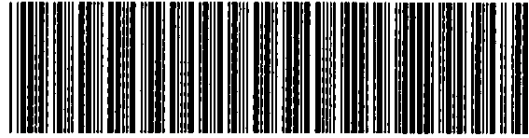
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY - 9 PM 4: 04

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JUN - 6 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2014

STEVEN LEHMAN
500 SW 21 TERRACE, STE A108
FORT LAUDERDALE, FL 33312-2273

SUBJECT: HOLY ROLLIN LANDSCAPE, LLC
Ref. Number: W14000031180

We have received your document for HOLY ROLLIN LANDSCAPE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P01000116279.

Please return 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) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 214A00010617

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**HOLY ROLLIN LANDSCAPE INC
DBA ALWAYS CUTTIN**

500 SW 21 Terrace, STE A108
Fort Lauderdale FL, 33312
Office 954-583-9977
Fax 954-797-0077
alwayscuttin@att.net
www.alwayscuttin.com

May 28, 2014

Florida Department Of State
Division Of Corporations
PO Box 6327
Tallahassee, Florida 32314

Attn: Tammi Cline,
RE Letter Number 214A00010617

(Document Number P01000116279)

I Steven Lehman, officer and owner of Holy Rollin Landscape Inc would like to inform you that we have no intention of reinstating this Corporation, therefore, releasing the name to be used for the new LLC to be formed.

Sincerely,

Steven P Lehman



OFFICE OF THE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 MAY -9 PM 4: 04

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Holy Rollin Landscape, 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:

Steven P Lehman
Name of Person

Holly Rollin Landscape LLC, DBA Always Cuttin
Firm/Company

500 SW 21 Terrace STE A108
Address

Fort Lauderdale, FL 33312-2273
City/State and Zip Code

alwayscuttin@att.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven P Lehman at (954) 520-0783
Name of Person 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
Owner/Operator

Name and Address:
Steven P Lehman
1432 SW 30th Avenue
Fort Lauderdale FL 33312

Office Manager

Wayne Carey
5620 SW 38 Street
West Park FL 33023

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 1 2014 (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

 5/5/14

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Steven P Lehman
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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 MAY -9 PM 4: 04