

L14 000110804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

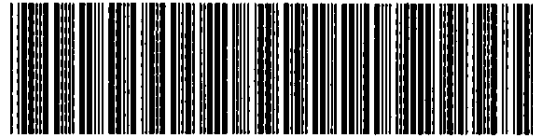
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2014

JOSEPH CIRCELLI
1513 SE 8TH PL
CAPE CORAL, FL 33990-2183

SUBJECT: CIRCELLI LAWN CARE, LLC
Ref. Number: W14000038342

We have received your document for CIRCELLI LAWN CARE, 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):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00013346

Joseph Circelli
1513 SE 8th Place
Cape Coral, FL 33990-2183

Telephone: 239-443-8940

June 16, 2014

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Circelli Lawn Care, LLC

Gentlemen & Mesdames:

Enclosed is the original of the Articles of Organization and a check for \$130.00 which represents:

Filing Fee	\$125.00
Certificate of Status	<u>5.00</u>
	\$130.00

Please return all correspondence concerning this matter to the above address. Please note that future annual report notification can be sent to the following e-mail address:

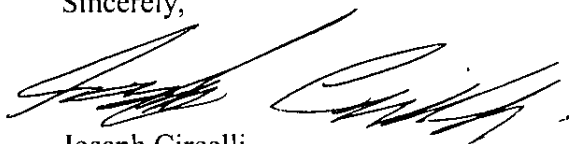
dcircelli@netzero.net

Any questions regarding this filing should be directed to:

Donna M. Circelli
1513 SE 8th Place
Cape Coral, FL 33990-2183
Telephone: 239-462-5704

Thank you.

Sincerely,



Joseph Circelli

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CIRCELLI LAWN CARE, 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:

Mailing Address:

1513 SE 8TH PL
CAPE CORAL FL 33990

1513 SE 8TH PL
CAPE CORAL FL 33990

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.)

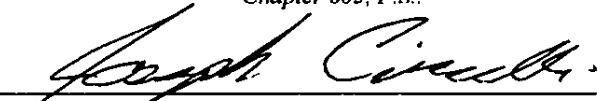
The name and the Florida street address of the registered agent are:

JOSEPH CIRCELLI
Name

1513 SE 8TH PL
Florida street address (P.O. Box NOT acceptable)

CAPE CORAL FL 33990
City 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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

AMBR _____

Name and Address:

JOSEPH CIRCELLI _____

1513 SE 8TH PL _____

CAPE CORAL FL 33990 _____

MGR _____

DONNA M CIRCELLI _____

1513 SE 8TH PL _____

CAPE CORAL FL 33990 _____

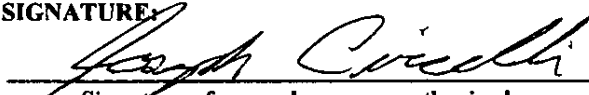
(Use attachment if necessary)

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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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.)

JOSEPH CIRCELLI _____

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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