

L18000037882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

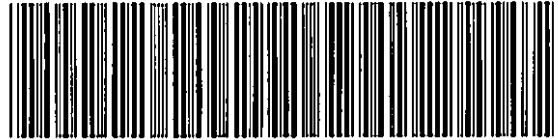
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200309083782

02/14/18--01014--004 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 FEB 14 AM 11:40

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 FEB 14 AM 11:18

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 101 Lawn care 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:

SKitch Davis
Name of Person

Firm/Company

312 Moccasin circle
Address

Havana FL 32333
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

101 Lawn care LLC

(Must contain 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:

398 Ochlockonee River Rd
Havana FL 32333

Same

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:

SKitch Davis

Name

398 Ochlockonee River Rd

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

Havana

City

FL

State

32333

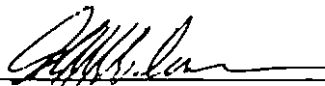
Zip

SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

2018 FEB 14 AM 11:40

FILED

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Skitch Davis
312 Moccasin Circle
Havana, Havana FL 32333

Jason Vidal
8243 Old Bainbridge Rd.
Tallahassee FL 32303

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Skitch Davis

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)

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>SPELLS FOODS LLC</u>		EIN or SS#: _____
Address: <u>15805 BISCAYNE BLVD., STE. 307</u>		
<u>NORTH MIAMI BEACH, FL 33160</u>		
Amount: <u>\$130.00</u>	Date Paid: <u>01/18/18</u>	
Reason for Claim: _____		
<u>SPELLS FOODS LLC</u>	<u>000307598560</u>	
<u>KYLE BRUMBLY</u>	<u>NEW FILING</u>	
Certified true and correct this <u>14</u> day of <u>FEBURARY</u> , <u>2018</u>		
Signature <u>SEE ATTACHED</u>		
* Must be completed if authority is other than Section 215.26, Florida Statutes.		

<i>Do Not Write in This Box - For Agency Use Only</i>	
Amount of recommended refund \$ <u>130.00</u>	
<i>The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on</i>	
<i>State Treasurer's Receipt No.</i> <u>01014--014</u> <i>dated</i> <u>01/18/18</u>	
NAME OF ACCOUNT: <u>4 5 1 0 1 0 0 0 1 3 2 4 5 3 0 0 1 0 0 0 0 0 1 0 0 0 0 0</u>	
<i>Statutory Authority for Collection</i> <u>605.0213</u>	
<i>It is requested that payment be made from the following account:</i>	
NAME OF ACCOUNT: <u>4 5 1 0 1 0 0 0 1 3 2 4 5 3 0 0 1 0 0 0 0 2 2 0 0 2 0 0 0</u>	
Certified true and correct this <u>14</u> day of <u>FEBURARY</u> , <u>2018</u>	
<u>Department of State, Division of Corporations</u> (Agency)	_____ (Authorized Agency Signature and Title)

January 31, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUBJECT SPELLS FOODS LLC
REF. NUMBER: W18000006462

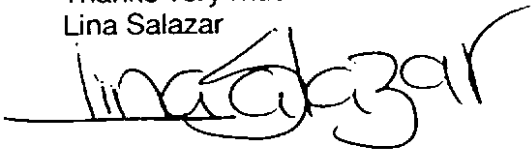
I am writing to you on behalf of Spells Foods LLC. We want cancel this process because the company made a double filing request.

The number of name conflicts is: L18000004091

Please send the refund to he fallowing address: 15805 Biscayne blvd, suite 307,
North Miami Beach 33160.

Please write check to: SPELLS FOODS LLC.

Thanks very much
Lina Salazar

A handwritten signature in black ink that reads "lina salazar". The signature is written in a cursive, lowercase style. The first name "lina" is written in a simple, slightly slanted cursive. The last name "salazar" is more elaborate, with a large, looping 's' and 'a' that connect to the rest of the name. The 'z' is also quite large and loops back. The signature is written over a horizontal line.

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>DEAN F. MOSLEY</u> EIN or SS#: _____	
Address: <u>P.O. BOX 2707</u>	
<u>ORLANDO, FL 32802</u>	
Amount: <u>\$78.75</u>	Date Paid: <u>11/14/2017</u>
Reason for Claim: _____	
<u>LOVE'S LOGIC, INC.</u>	<u>500305617605</u>
<u>KYLE BRUMBLEY</u>	<u>NEW FILING</u>
Certified true and correct this <u>14</u> day of <u>FEBURARY</u> , <u>2018</u>	
Signature <u>SEE ATTACHED</u>	
* Must be completed if authority is other than Section 215.26, Florida Statutes.	

<i>Do Not Write in This Box - For Agency Use Only</i>	
Amount of recommended refund \$ <u>78.75</u>	
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on	
State Treasurer's Receipt No. <u>01048-015</u> dated <u>11/14/17</u>	
NAME OF ACCOUNT: <u>45101000132453001000001000000</u>	
Statutory Authority for Collection <u>607.0122</u>	
It is requested that payment be made from the following account:	
NAME OF ACCOUNT: <u>45101000132453001000022002000</u>	
Certified true and correct this <u>14</u> day of <u>FEBURARY</u> , <u>2018</u>	
<u>Department of State, Division of Corporations</u> (Agency)	_____ (Authorized Agency Signature and Title)

Dean F. Mosley
Attorney and Consultant

150 N. Orange Avenue, Suite 415
Orlando, Florida 32801
dfmosleylaw@gmail.com

Telephone: 407-839-8444
Fax: 407-839-8882

January 31, 2018

Kyle Brumbley
Regulatory Specialist II
Florida Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Ref. Number: W17000091780
Request for Refund of \$78.75

Dear Mr. Brumbley:

I received your letter dated November 17, 2017 and a copy of it is enclosed for your reference. We were unaware that we had filed it previously, so we are requesting that the \$78.75 be refunded to Dean F. Mosley and the appropriate address to mail the check to is P.O. Box 2707, Orlando, Florida 32802.

Again, thanks for your assistance in this matter.

Respectfully,


Dean F. Mosley, Esc.

**STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND**

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.

THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: <u>BRADFORD LANDSCAPE SOLUTIONS</u> EIN or SS#: _____	
Address: <u>P.O. BOX 368142</u> <u>BONITA SPRINGS, FL 34136</u>	
Amount: <u>\$105.00</u>	Date Paid: <u>02/05/18</u>
Reason for Claim: _____	
<u>BRADFORD LANDSCAPE SOLUTIONS INC</u>	<u>000308558780</u>
<u>KYLE BRUMBLEY</u>	<u>NEW FILING CONVERSION</u>
Certified true and correct this <u>14</u> day of <u>FEBURARY</u> , <u>2018</u>	
Signature <u>SEE ATTACHED</u>	
* Must be completed if authority is other than Section 215.26, Florida Statutes.	

<i>Do Not Write in This Box - For Agency Use Only</i>	
Amount of recommended refund \$ <u>105.00</u>	
<i>The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on</i>	
<i>State Treasurer's Receipt No.</i> <u>01011-019</u> <i>dated</i> <u>02/05/2018</u>	
NAME OF ACCOUNT: 4510100013245300100000100000	
<i>Statutory Authority for Collection</i> <u>607.0122</u>	
<i>It is requested that payment be made from the following account:</i>	
NAME OF ACCOUNT: 4510100013245300100002200200	
Certified true and correct this <u>14</u> day of <u>FEBURARY</u> , <u>2018</u>	
<u>Department of State, Division of Corporations</u> (Agency)	_____ (Authorized Agency Signature and Title)

Brumbley, Kyle D.

From: Daniel Geist <bradfordlandscapesolutions@gmail.com>
Sent: Thursday, February 8, 2018 3:55 PM
To: Brumbley, Kyle D.
Subject: Refund Request

Kyle,

Please issue refund as I no longer wish to restructure business from LLC to Corp. I have instead enclosed an ammendment form with payment through the mail in a separate corespondance. Please mail with refund check made payable to Bradford Landscape Solutions to:

P.O. Box 368142
Bonita Springs, FL 34136

Thank you.
Daniel Geist