

L02000029536

(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



300008668033

11/04/02--01116--019 **125.00

FILED
02 NOV -4 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

SHERRY'S LAWN CARE SERVICE

PO Box 613111
North Miami, Florida 33261-3111

Phone (305) 940-6229

Fax (305) 940-0988

Tuesday, October 29, 2002

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

FILED
02 NOV -4 PM 4:56
STATE
TALLAHASSEE, FLORIDA

Cover Letter for Articles of Organization

Sheryll A. Varris
2154 NE 162 Street
North Miami Beach, FL 33162

Telephone 305-940-6229

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SHERRY'S LAWN CARE SERVICE, LLC

ARTICLE II - Address:

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

2154 NE 162 Street North Miami Beach, FL 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Sheryll Anne Varris

Name

2154 NE 162 Street

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

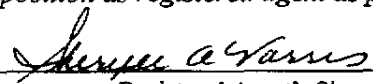
North Miami

FL

33162

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

(An additional article must be added if an effective date is requested)

SHERYLL ANNE VARRIS

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.)

Sheryll Anne Varris

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)