

LD300 000 3583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

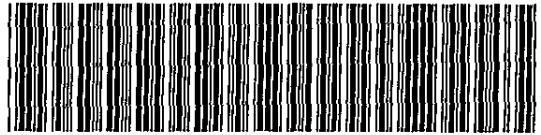
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JAN 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

January 22, 2003

PETER LUCADANO
11630 PYRAMID DR
ODESSA, FL 33556

SUBJECT: LAWN DOCTOR OF NEW TAMPA
Ref. Number: W03000001810

We have received your document for LAWN DOCTOR OF NEW TAMPA and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 103A00003496

AND
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03 JAN 29 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PETER LUCADANO
11630 Pyramid Drive
Odessa, Florida 33556

727 937-6448

January 17, 2003

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

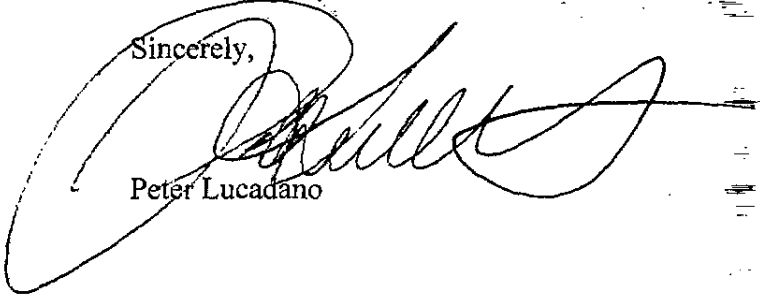
RE: LLC

To Whom It May Concern:

Please find enclosed the completed Articles of Organization for a Florida Limited Liability Corporation along with a check in the amount of \$125.00 to cover the filing fees.

Any questions, please feel free to contact me at 727 937-6448.

Sincerely,



Peter Lucadano

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: --

Lawn Doctor of New Tampa L.L.C.

ARTICLE II - Address:

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

11630 Pyramid Drive Odessa, FL 33556

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

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

Peter Lucadano

Name

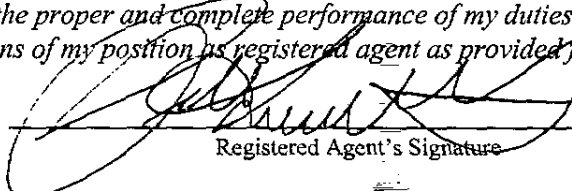
9246 Via Sequoia Drive

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

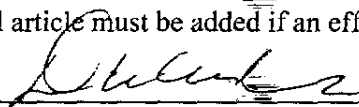
New Port Richey FL 34655

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)


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.)

David J. Lucadano

Typed or printed name of signer

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)

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TALLAHASSEE, FLORIDA

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