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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

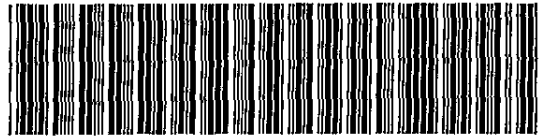
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

February 13, 2003

KEVIN COLLINS
4702 ALPINE ROAD
LAND O'LAKES, FL 34639

SUBJECT: HERITAGE LAWN AND HOME CARE, LLC
Ref. Number: W03000004251

We have received your document for HERITAGE LAWN AND HOME CARE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 903A00009686

FILED
03 FEB 25 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 6, 2003

Registration Section
Division of Corporations
409 E. Gains St.
Tallahassee, FL 32399

Re: Heritage Lawn and Home Care, LLC

To Whom It May Concern:

Enclosed are the articles of organization for Heritage Lawn and Home Care, LLC along with a check for \$125.00. Please send the stamped articles of organization back to me at the following address:

4702 Alpine Road
Land O' Lakes, FL 34639

Sincerely,



Kevin Collins

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Heritage Lawn and Home Care, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
4702 Alpine Road, Land O Lakes, Florida 34639

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

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

Kevin Collins

Name

4702 Alpine Road

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

Land O' Lakes

FL 34639

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.

Kevin L. Collins

Registered Agent's Signature

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

Kevin L. Collins

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.)

Kevin L. Collins

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)

STATE OF FLORIDA
TALLAHASSEE

03 FEB 25 AM 8:34

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