

U3000030032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

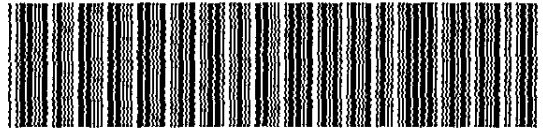
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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U3-30032  
OK

Mark P. Mancini  
516 Whisper Oaks Court  
Oviedo, Florida 32766

August 4, 2003

Registration Services  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

RE: Registration as a East Side Lawn Florida LLC

Dear Sir or Madam:

Pursuant to the instructions on your web site, please find attached the articles of incorporation and my check for \$125.00 (\$100.00 filing fee for the articles of incorporation and \$25.00 for designation of registered agent) registration of my firm, East Side Lawn, as a Florida Limited Liability Company.

Please call the firm's telephone number of 407-366-0385 should you have any question or require any further information regarding this matter.

Sincerely,



Mark P. Mancini

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
AUG 14 2003

per Mark

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** East Side Lawn  
(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:

Mark Paul Mancini

(Name of Person)

East Side Lawn

(Firm/Company)

516 Whisper Oaks Court

(Address)

Oviedo, Florida 32766

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark P. Mancini

(Name of Person)

at ( 407 ) 366-0385

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
CORPORATION  
DIVISION  
JAN 10 1997  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

East Side Lawn, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

516 Whisper Oaks Court

Oviedo, Florida 32766

**Mailing Address:**

516 Whisper Oaks Court

Oviedo, Florida 32766

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

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

Mark Paul Mancini

Name

516 Whisper Oaks Court

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

Oviedo, Florida 32766

FL

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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

<u>MGR</u>	<u>Mark Paul Mancini</u> <u>516 Whisper Oaks Court</u> <u>Oviedo, Florida 32766</u>
<u>MGRM</u>	<u>Mark P. Mancini</u> <u>Oviedo, Florida 32766</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u>MGRM</u>

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

Mark P. Mancini

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)