

L03000051485

(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



000025111030

12/04/03--01010--004 **160.00

EFFECTIVE DATE

01/01/04

FILED
2003 DEC -3 PM 1:08
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

J. BRYAN DEC 10 2003

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paradise Lawn care 2, 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:

Barbara D. Newman
(Name of Person)

Paradise Lawn care 2, LLC
(Firm/Company)

7962 Lola Circle
(Address)

Navarre, FL 32566
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Newman at 850, 259-4886
(Name of Person) (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
2003 DEC -3 PM 1:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
2003 DEC -3 PM 1:08
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Paradise Lawn care 2, "LLC"

ARTICLE II - Address:

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

Principal Office Address:

1962 Lola Circle
Navarre, FL 32566

Mailing Address:

1962 Lola Circle
Navarre, FL 32566

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

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

EFFECTIVE DATE

Barbara D. Newman

Name

01/01/04

1962 Lola Circle

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

Navarre FLORIDA 32566

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, Florida Statutes..

Barbara D. Newman

Registered Agent's Signature

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:

" MGR "

Barbara D. Newman
7962 Lola Circle
Navarre, FL 32566

" MGR "

Thomas F. Newman, III
7962 Lola Circle
Navarre, FL 32566

(Use attachment if necessary)

Article V - Effective date: January 1, 2004

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

REQUIRED SIGNATURE:

Barbara D. Newman
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.)

Barbara D. Newman
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)

160.00 CK # 1238

FILED
2003 DEC -3 PM 1:08
DIV. OF CORPORATIONS
TALLAHASSEE, FLORIDA