

L04000040178

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

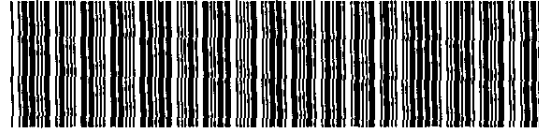
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CLARASSEE, FLORIDA

04 MAY 21 PM 10:03

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TRANSMITTAL LETTER

To: Registration Section
Division of Corporations

SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

__ WILLIE SIMMONS _____
Name of Person

__ WILLIE SIMMONS' LAWN SERVICE LLC _____
Firm/Company

__ P O BOX 2334 _____
Address

__ FT WALTON BEACH, FL 32549 _____
City, State, and Zip Code

For further information concerning this matter, please call:

WILLIE SIMMONS _____ at 850 865-1698 _____
Name of Person Area Code and Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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

ARTICLE I Name:
The name of the Limited Liability Company is:

WILLIE SIMMONS' LAWN SERVICE LLC

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

Principal Office Address:

P O BOX 2334
FT WALTON BEACH FL 32549

Mailing Address:

P O BOX 2334
FT WALTON BEACH FL 32549

I Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name Willie Simmons

Florida street address (P O Box NOT acceptable)

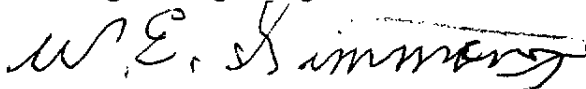
209 Green Acres Rd

City, State, and Zip

Ft Walton Beach, FL 32547

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

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TALLAHASSEE, FLORIDA

Article IV Manager(s) or Managing Member(s):

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

TITLE:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Membe

MGR

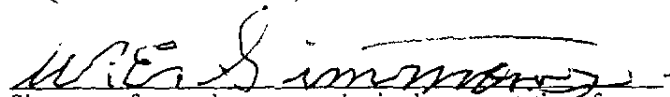
WILLIE SIMMONS
P O BOX 2334
FT WALTON BEACH, FL 32549

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

Article V The effective date shall be upon filing with the Secretary of State.

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.)

Typed or printed name of signee

WILLIE SIMMONS