

L04000052877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

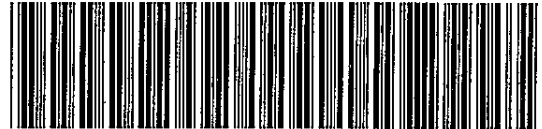
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400038322564

07/14/04--01022--013 **155.00

FILED
2004 JUL 14 PM 2:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN JUL 16 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dream Lawn + Landscape, 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:

Troy Allen
(Name of Person)

Dream Lawn + Landscape, LLC.
(Firm/Company)

P.O. Box 7337
(Address)

Lakeland, FL 33807
(City/State and Zip Code)

For further information concerning this matter, please call:

Troy Allen at (863) 559-5151
(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
2004 JUL 14 PM 5:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Filing fee - 100.00

Des. of Reg. Agent - 25.00

Certified Copy - 30.00

155.00

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

FILED
2004 JUL 14 PM 2:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dream Lawn & Landscape, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

5625 Lakeland Highlands Rd
Lakeland, FL 33813

Mailing Address:

P.O. Box 7337
Lakeland, FL 33807

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

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

Troy Allen
Name

5625 Lakeland Highlands Rd
Florida street address (P.O. Box **NOT** acceptable)

Lakeland FLORIDA 33813
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..


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:

<u>MGR</u>	<u>Troy Allen</u> <u>5625 Lakeland Highlands rd</u> <u>Lakeland FL 33813</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.)

Troy Allen

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)

FILED
2004 JUL 14 PM 2:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA