

L04 0000 58042

(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



200039114742

08/04/04--01057--001 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 AUG -4 AM 11:31

FILED

8/4  
MST

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Harold & Ida Queen Lawn Care, 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:

Ida L. Queen  
(Name of Person)

Harold & Ida Queen Lawn Care, LLC  
(Firm/Company)

P.O. Box 2361  
(Address)

Hobe Sound, Fla. 33475  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ida L. Queen  
(Name of Person)

at ( 772 ) 781-1149  
(Area Code & Daytime Telephone Number)

FILED  
TALLAHASSEE, FLORIDA

04 AUG -4 AM 11:31

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Harold + Ida Queen Lawn Care, LLC

**ARTICLE II - Address:**

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

Principal Office Address:

929 S.E. Dolphin Dr.  
Stuart, Fla.  
34996

Mailing Address:

P.O. Box 2361  
Hobe Sound, Fla.  
33475

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

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

Ida L. Queen  
Name  
929 S.E. Dolphin Dr.  
Florida street address (P.O. Box NOT acceptable)

Stuart FLORIDA 34996  
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..*

Ida L. Queen  
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

MGRM

MGR

**Name and Address:**

Ida L. Queen  
P.O. Box 2361  
Hobe Sound, Fla. 33475  
Harold Queen Jr.  
P.O. Box 2361  
Hobe Sound, Fla.  
33475

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Ida L. Queen  
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.)

Ida L. Queen  
Typed or printed name of signee

SECTION 608.408(3), FLORIDA STATUTES  
TALLAHASSEE, FLORIDA

04 AUG -4 AM 11:31

FILED

**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)