

W040000077982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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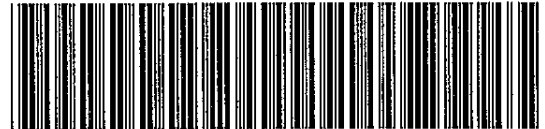
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/04--01002--023 **25.00

10/08/04--01037--008 **100.00

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TALLAHASSEE, FLORIDA

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W04-77982
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 11, 2004

KATHLEEN GOSIK
8605 SE 17TH COURT
OCALA, FL 34480

SUBJECT: PRESTIGE DESIGN & LANDSCAPING, LLC
Ref. Number: W04000037397

We have received your document for PRESTIGE DESIGN & LANDSCAPING, LLC and check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$25.00. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 804A00058648

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prestige Design & Landscaping, 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:

Kathleen M. Gosik
(Name of Person)

Prestige Design & Landscaping, LLC
(Firm/Company)

8605 SE 17th Ct.
(Address)

Ocala, FL 34480
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Gosik at (352) 351-5668
(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

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TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Prestige Design + Landscaping, LLC

ARTICLE II - Address:

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

Principal Office Address:

8605 SE 17th Ct

Ocala, FL 34480

Mailing Address:

8605 SE 17th Ct

Ocala, FL 34480

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

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

Kathleen M. Gosik
Name

8605 SE 17th Ct
Florida street address (P.O. Box **NOT** acceptable)

Ocala, FL FLORIDA 34420
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

x Kathleen M Gosik
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

Kathleen M Gosik
8605 SE 17th Ct
Orala, FL 34480

MGRM

Joseph G. Gosik
8605 SE 17th Ct
Orala, FL 34480

MGRM

Gavin J Gosik
8605 SE 17th Ct
Orala, FL 34480

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

x Kathleen M Gosik
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.)

x Kathleen M Gosik
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)

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TALLAHASSEE, FLORIDA

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