

W4000084660

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

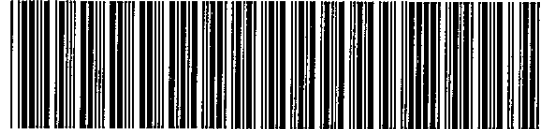
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900042812929

11/23/04--01002--003 \*\*165.00

RECEIVED  
04 NOV 22 PM 3:58  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED  
04 NOV 22 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HARVIN EMERGENCY CLEAN-UP, TREES AND STUMPS L.L.C.  
(Name of Limited Liability Company) (H.E.C.U.T.S.)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JIM HARVIN

(Name of Person)

HARVIN EMERGENCY CLEAN-UP, TREES AND STUMPS L.L.C.  
(Firm/Company) (H.E.C.U.T.S.)

P.O. Box 6121

(Address)

DAYTONA BEACH, FL 32122

(City/State and Zip Code)

For further information concerning this matter, please call:

JIM HARVIN

(Name of Person)

at ( 386 ) 295-1326

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**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:

HARVIN EMERGENCY CLEAN-UP, TREES AND STUMPS  
(H.E.C.U.T.S.)

ARTICLE II - Address:

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

Principal Office Address:

713 MARION ST.  
DAYTONA BEACH, FL 32114

Mailing Address:

P.O. BOX 6121  
DAYTONA BEACH, FL 32122

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

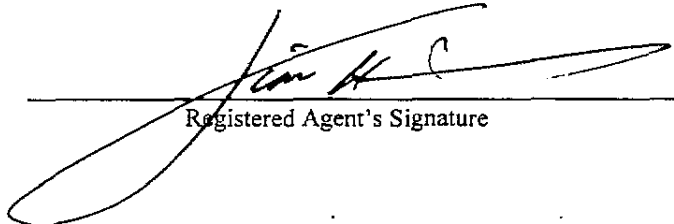
The name and the Florida street address of the registered agent are:

TIM HARVIN  
Name

713 MARION ST.  
Florida street address (P.O. Box NOT acceptable)

DAYTONA BEACH, FL 32114  
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, F.S..

  
Registered Agent's Signature

(CONTINUED)

FILED  
04 NOV 22 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Jim HARVIN  
713 MARION ST.  
DAYTONA BEACH, FL 32114

MGRM

PHYLLIS HARVEY  
713 MARION ST.  
DAYTONA BEACH, FL 32114

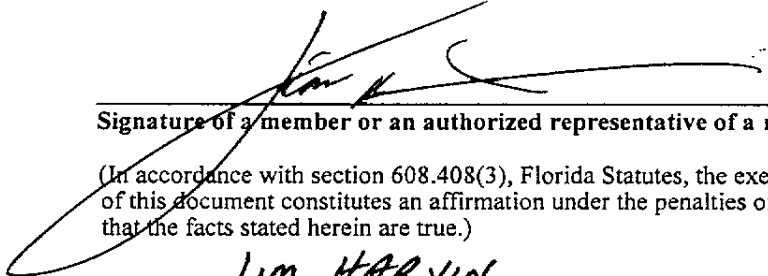
MGRM

MISTER HARVIN IV  
2502 A HOLLY ST. B210  
TALLAHASSEE, FL 32310

(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.)

Jim HARVIN

\_\_\_\_\_  
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) - 2