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05 JAN -3 PM 5: 19

TRANSMITTAL LETTER

TO:	Registration Se Division of Cor		•	
SUBJI	ECT: Su	ncoast Lawn Mai (Name of Limited	ntenance I Liability Company)	territorialis, pr _{esse} a transfer de traphateiron
The en	closed Articles of	f Organization and fee(s) are su	bmitted for filing.	
Please	return all corresp	ondence concerning this matter	r to the following:	
		Jack Jones		
		4)	lame of Person)	
		Suncoast La	awn Maintenance	
		(f	irm/Company)	
		7114 N. Tar	mpania Ave.	
			(Address)	
		Tampa, FL	33614	•
	****	(City/	State and Zip Code)	
For fu	ther information	concerning this matter, please	call:	
	Jack Jo (Name	nes of Person)	at (813) 930-2 (Area Code & Daytime To	3.00 elephone Number)
Enclo	sed is a check fo	or the following amount:		
3 \$ 12:	5.00 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)
	Regist Divisi	ET ADDRESS: tration Section on of Corporations . Gaines Street	MAILING A Registration S Division of C P.O. Box 632	cction orporations

Tallahassee, Florida 32314

Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 15, 2004

JACK JONES SUNCOAST LAWN MAINTENANCE 7114 N. TAMPANIA AVE. TAMPA, FL 33614

SUBJECT: SUNCOAST LAWN MAINTENANCE

Ref. Number: W04000045876

We have received your document for SUNCOAST LAWN MAINTENANCE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6967.

Letter Number: 804A00069974

Michelle Hodges Document Specialist

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:
Suncoast Lawn Maintenanc	e_[L_C.
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7114 N. Tampania Ave Tampa, FL 33614	7114 N. Tampania Ave. Tampa, FL 33614
ARTICLE HI - Registered Agent, Registe	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	he registered agent are:
	ime
	pania Ave. t address (P.O. Box <u>NOT</u> acceptable)
Tampa City, Sta	FL 33614 ate, and Zip
Having been named as registered agent and	to accept service of process for the above stated limited

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)

Page 1 of 2

05 JAN -3 PH 5: 19

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	Jack Jones			
	7114n Tampania Ave			
	Tampa, FI, 33614			
	-			
MGRM	Garry Moore			
	8006 N. Dakota St.			
	- Tampa, FL 33604			
	-			
· ·				
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.			
Occ	C O			
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.)				
Jack Jo	Jack Jones			
Typed	Jack Jones Typed or printed name of signee			
Filing Fees:				
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ation and Designation			

Page 2 of 2