

W05000015181

00855 - 02827 - 00676 - 02963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

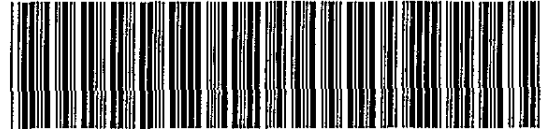
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W05-4958



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01/21/05--01012--015 **100.00

02/14/05--01050--011 **25.00

FILED
05 FEB 10 PM 3:44
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

ATX1

TO: Registration Section
Division of Corporations

SUBJECT: KEENE 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:

RUSSELL D KEENE
(Name of Person)

KEENE LAWN CARE LLC
(Firm/Company)

411 FLORIDA AVE
(Address)

WINTER GARDEN, FL 34787
(City/State and Zip Code)

For further information concerning this matter, please call:

RUSSELL D KEENE at 407-877-7378
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 31, 2005

RUSSELL D KEENE
KEENE LAWN CARE LLC
411 FLORIDA AVE
WINTER GARDEN, FL 34787

SUBJECT: KEENE LAWN CARE LLC
Ref. Number: W05000004958

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

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).

There is a balance due of \$25.00.

Please return 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.

Michelle Hodges
Document Specialist

Letter Number: 205A00006779

KEENE LAWN CARE LLC

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

ATX1

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEENE 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:

KEENE LAWN CARE LLC

411 FLORIDA AVE

WINTER GARDEN, FL 34787

Mailing Address:

KEENE LAWN CARE LLC

411 FLORIDA AVE

WINTER GARDEN, FL 34787

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

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

RUSSELL D KEENE

Name

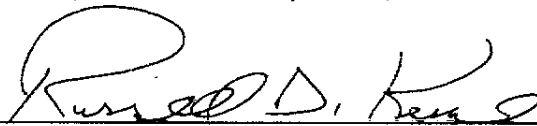
411 FLORIDA AVE

Florida street address (P.O. Box NOT acceptable)

WINTER GARDEN FLORIDA 34787

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

FILED
05 FEB 10 PM 3:44
TALLAHASSEE, FLORIDA

KEENE LAWN CARE LLC

ARTICLE IV- Manager(s) or Managing Member(s):

ATX1

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

RUSSELL D KEENE

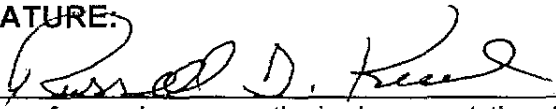
411 FLORIDA AVE

WINTER GARDEN FL 34787

(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.)

RUSSELL D. KEENE
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)