05000045044

Rhonda G. Sloan (Requestor's Name)
(Requestor's Name)
PO BOX 1505 (Address)
Glen St. Mary, FL32040 (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: 4-13-05 Batch Work

Office Use Only



400049169914

U4/13/US--01025--008 **89.75

05/03/05--01025--001 **35.25

2005 MAY -3 PM 1: 39
DIVINOR OF CORPORATIONS
TALL AHASSEF FI ORIDA

1 3 MAY - 6 2005

~ 1007

TRANSMITTAL LETTER

TO: Registration Se Division of Cor			
SUBJECT:	R 5 LAWN (Name of Limited	Service LL I Liability Company)	. <u>C</u>
The enclosed Articles of	Organization and fec(s) are su	ibmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
<u> </u>	JAMES G R	ODGERS Jame of Person)	
Rs	LAWN SERV	ICE LLC	D 12
99 =	35 River	OAKS DR (Address)	EX -3 PA
	Len St MA	State and Zip Code)	SSEE PLORIDAS
For further information of	concerning this matter, please of	call:	
JAMES G /	CODGEKS of Person)	at (964) 613 G (Area Code & Daytime Te	7233 elephone Number)
Enclosed is a check fo	r 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		MAILING A Registration S	

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZ				THE T
ARTICLE I - Name: The name of the Limited Li	ability Company	ie.		15 7 F
THE HAIRE OF the Limited La	aomiy Company	13.		18 C 0
R5	LAWN	SERVICE	LLC	
ARTICLE II - Address: The mailing address and str	eet address of the	principal office of	the Limited I	Liability Company is
Principal Office Address:		Mailing Addr	ess:	
9935 River DAK GLEN ST MARY	S DR FL	P. O BO	X 1505 MARY	FL
ARTICLE III - Registere	1 Agent, Registe	red Office, & Regis	stered Agent	's Signature:
The name and the Florida s	treet address of th	ne registered agent a	re:	
	HONDA G			
_ 99	35 Rivea.	OPKS DR address (P.O. Box NO	<u>r</u> acceptable)	
GLe	St. N	AncFL FL. 3 te, and Zip	2040	

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)

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:
MAN AG ER	RHONDA G SLOAN 9935 River OAKS DR GLEN St MANY FL 32646
MGRM	JAMES G RODGERS 9935 RIVER OAKS DR GLEN ST MARY PC 32046
	
	FILE SPRING RATIO
(Use attachment if necessary) NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	and the second of the second o
James	er of an authorized representative of a member.
	ction 608.408(3), Florida Statutes, the execution

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

mes G. Rodgers
Typed or printed name of signee