

L05000065099

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000160736 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

RECEIVED

05 JUN 30 PM 4:16

DIVISION OF CORPORATIONS

FILED
2005 JUN 30 AM 9:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

Kattale Tree Trimming LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

J. BRYAN JUL - 1 2005

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Kattale Tree Trimming LLC**

ARTICLE II - Address

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

Principal Office Address:Mailing Address:466 SW Kestor Drive466 SW Kestor DrivePort Saint Lucie, FL 34953Port Saint Lucie, FL 34953

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

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

David Adam Watson

Name

466 SW Kestor Drive(P.O. Box or Mail Drop Box NOT Acceptable)Port Saint Lucie, FL 34953

(City / State / Zip)

FILED
2005 JUN 30 AM 9:54
DIVISION OF CORPORATIONS
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, F.S.

David A. Watson

Registered Agent's Signature - David Adam Watson

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:MGRMDavid Adam Watson- 466 SW Kestor Drive, Port Saint Lucie, FL 34953

(Use attachment if necessary)

REQUIRED SIGNATURE:David A Watson

Signature of a member or 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.)

David Adam Watson

Typed or printed name of signer

FILED
2005 JUN 30 AM 9:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA