

W05000074204

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2005 JUL 28 PM 2:11  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

W05-33551  
J. BRYAN JUL 13 2005

J. BRYAN JUL 28 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ARMPRO LAWN CARE  
(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:

William Walker  
(Name of Person)

ARMPRO LAWN CARE  
(Firm/Company)

811 Crestwood Street  
(Address)

Jacksonville, Florida 32208  
(City/State and Zip Code)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

William Walker at ( 904 ) 955-3663  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

July 13, 2005

WILLIAM WALKER  
ARMPRO LAWN CARE  
811 CRESTWOOD STREET  
JACKSONVILLE, FL 32208

SUBJECT: ARMPRO LAWN CARE  
Ref. Number: W05000033551

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for ARMPRO LAWN CARE and your check(s) totaling \$130.00. 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 905A00046250

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ARMPRO LAWN CARE, L.L.C

**ARTICLE II - Address:**

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

**Principal Office Address:**

811 Crestwood Street  
Jacksonville, Florida 32208

**Mailing Address:**

811 Crestwood Street  
Jacksonville, Florida 32208

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

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

William Walker

Name

811 Crestwood Street

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

Jacksonville, 32208

FL

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.*

William Walker

Registered Agent's Signature

(CONTINUED)

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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:**

MGR

William Walker  
811 Crestwood Street  
Jacksonville, Florida 32208

MGRM

Sheryl Walker  
811 Crestwood Street  
Jacksonville, Florida 32208

\_\_\_\_\_

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(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.)

William Walker

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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