

L050000 80592

(Requestor's Name)

(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:

W05-37082

2848

Office Use Only



700057193187

08/03/05--01025--019 **130.00

05 AUG 15 PM 2:03
TALLAHASSEE, FLORIDA
SECRETARY OF REVENUE



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 5, 2005

RODNEY S. PHILLIPS
P.O. BOX 57
PLYMOUTH, FL 32768-0057

SUBJECT: BLADES OF GRASS LAWN CARE
Ref. Number: W05000037082

We have received your document for BLADES OF GRASS 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 605A00050515

05 AUG 15 PM 2:03
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BLADES OF GRASS 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:

RODNEY S. PHILLIPS

(Name of Person)

BLADES OF GRASS LAWN CARE, LLC

(Firm/Company)

P.O. BOX 57

(Address)

PLYMOUTH, FLORIDA 32768-0057

(City/State and Zip Code)

For further information concerning this matter, please call:

RODNEY S. PHILLIPS

(Name of Person)

at (407) 256-8248

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

05 AUG 15 PM 2:03
RECEIVED
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLADES OF GRASS 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:

1038 DEKLEVA DR
APOPKA, FL 32712-1725

Mailing Address:

P. O. BOX 57
PLYMOUTH, FL 32768-0057

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

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

RODNEY S. PHILLIPS

Name

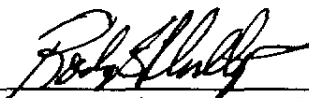
1038 DEKLEVA DR

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

APOPKA, FL 32712-1725 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.



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:

MGR

RODNEY S. PHILLIPS

1038 DEKLEVA DRIVE

APOPKA, FLORIDA 32712

MGRM

MONICA R. PHILLIPS

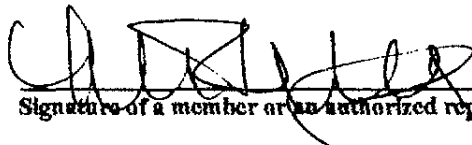
1038 DEKLEVA DRIVE

APOPKA, FLORIDA 32712

(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.)

MONICA R. PHILLIPS

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)