

LOS000086233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

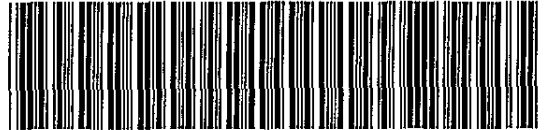
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

505  
W05-21376

FF \$125  
cc/us 35



800051065568

03/31/05--01005--009 \*\*72.50

04/22/05--01020--017 \*\*87.50

FILED  
2005 AUG 31 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LOS-86233  
af

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** SUPREME LAWN CARE, LLC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** STEVEN LIAS  
Name (Printed or typed)

2112 LEMON STREET  
Address

HAINES CITY FLORIDA 33844  
City, State & Zip

863 259-0045 863 557-1533  
Daytime Telephone number

2005 AUG 31 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 27, 2005

STEVEN LIAS  
2112 LEMON STREET  
HAINES CITY, FL 33844

SUBJECT: SUPREME LAWN CARE LLC  
Ref. Number: W05000021376

We have received your document for SUPREME LAWN CARE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

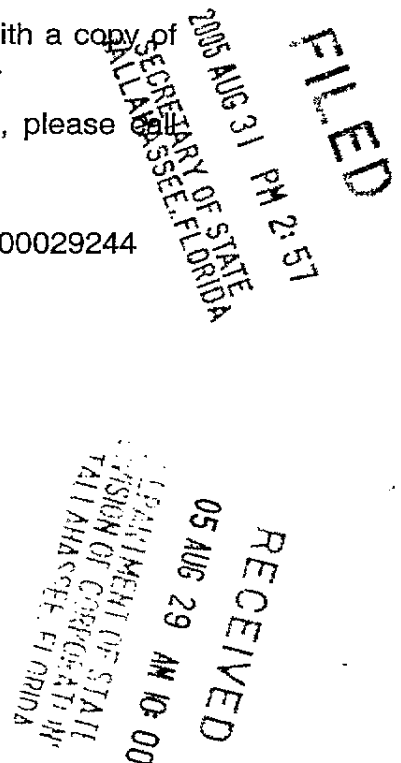
The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the original and one copy of 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) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 605A00029244



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPREME LAWN CARE LIMITED LIABILITY COMPANY

## ARTICLE II - Address:

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

### Principal Office Address:

2112 LEMON STREET

HAINES CITY FLORIDA 33844

### Mailing Address:

2112 LEMON STREET

HAINES CITY FLORIDA 33844

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

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

STEVEN LIAS

Name

2112 LEMON STREET

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

HAINES CITY FL 33844

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

FILED  
AUG 31 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

Page 1 of 2

## 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

MGR = MANAGER

**Name and Address:**

STEVEN LIAS

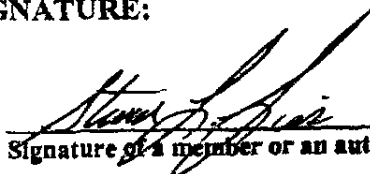
2112 LEMON STREET

HAINES CITY FL 33844

(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.)

STEVEN LIAS

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)

**FILED**  
2006 AUG 31 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA