

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Su	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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SECRETARY OF STATE

## **COVER LETTER**

TO:

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Registration Section Division of Corporations

# SUBJECT: Leslie's Landscaping and Lawn Service, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Leslie (Name of Person)	
(Firm/Company)  1545 30th Avenue  (Address)  Vero Beach, FL 32960  (City/State and Zip Code)	antijing.
For further information concerning this matter, please call:  Emily Hondley at 7772 794-08 9 9 (Area Code & Daytime Telephone Number) 13 3 Enclosed is a check for the following amount:	
▼\$125.00 Filing Fee  □ \$130,00 Filing Fee & □ \$155.00 Filing Fee & □ \$160.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	

#### Mailing Address

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

## Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Les lie's Landscaping and Lawn Service, LLC

(Must end with the words "Limited Liability Company," or their abbreviation "L.C.")

#### **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
1545 30+11 Ave	1545 30th Ave
Vero Beach, FL 32960	Vero Beach, FL 32960

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

T -0.1 . 11- 11	CC P T
Emily Handley	到6二
Name	SE N
154530+n Avenue	THE E
Florida street address (P.O. Box NOT acceptable)	FIS 9
Vero Beach, FL 32960	92E -3
City, State, and Zip	Ä

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 (REQUIRED)

(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:

"NALLEY" = NAONGOOF	
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Joseph A. Leslie 1545 30th Ave Vero Beach, FL 32960
	THE RESERVE TO SERVE
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(Use attachment if necessary)  CLE V: Effective date, if other than the effective date is listed, the date must	he date of filing: (OPTIONAL)
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:	he date of filing: (OPTIONAL)  be specific and cannot be more than five business days prior  A A Section  aber or an authorized representative of a member.
ICLE V: Effective date, if other than to effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem  (In accordance with of this document conthat the facts state	the specific and cannot be more than five business days prior  A Section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury deferein are true.)
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