

L 06000099296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

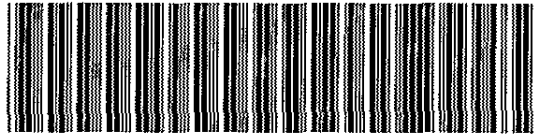
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

21 OCT 11 AM 10:55

TO AGENCY OF FILING
SUFFICIENCY OF FILING



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 517938 81034A

AUTHORIZATION :

COST LIMIT : \$ 155.00

FILED
06 OCT 11 PM 12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : October 11, 2006

ORDER TIME : 10:02 AM

ORDER NO. : 517938-005

CUSTOMER NO: 81034A

DOMESTIC FILING

NAME: BP LAWN CARE, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
BP LAWN CARE, LLC**

FILED
06 OCT 11 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I ~ Name

The name of the limited liability company shall be **BP LAWN CARE, LLC.**

ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 1458 The Crossing, Niceville, Okaloosa County, Florida 32578, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members.

The mailing address for the Limited Liability Company shall be Post Office Box 5068, Niceville, Florida 32578-5068.

**ARTICLE III ~ Registered Agent, Registered Office
& Registered Agent's Signature**

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

Ben Tracy Porter
1458 The Crossing
Niceville, FL 32578

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.


BEN TRACY PORTER
Registered Agent's Signature

ARTICLE IV ~ Management

- ☒ This Limited Liability Company is a member-managed company.
- ☐ This Limited Liability Company is a manager-managed company.


In accordance with §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.

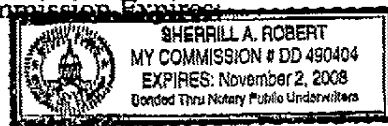

BEN TRACY PORTER

9.27.06
Date signed

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 27 day of September, 2006 by BEN TRACY PORTER, who is personally known to me or who has produced _____ as identification.


Notary Public
My Commission Expires _____





KEVIN MICHAEL BUSH

10/10/06
Date signed

STATE OF FLORIDA
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 10th day of October, 2006 by KEVIN MICHAEL BUSH, who is personally known to me or who has produced DDL as identification.



Notary Public

My Commission Expires:

