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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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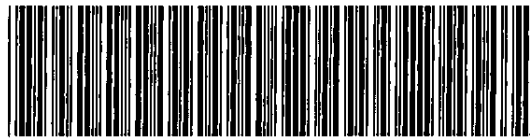
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NRC

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D.L.P. Lawncare and Landscaping, LLC  
(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:

David Painter

(Name of Person)

D.L.P. Lawncare and Landscaping, LLC

(Firm/Company)

6321 Porter Road, Suite 10

(Address)

Sarasota, FL 34240

(City/State and Zip Code)

For further information concerning this matter, please call:

David Painter

(Name of Person)

at ( 941 ) 552-3545

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & 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:

**D.L.P. LAWNCARE AND LANDSCAPING, LLC**

## ARTICLE II - Address:

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

### Principal Office Address:

**6321 Porter Road, #10  
Sarasota, FL 34240**

### Mailing Address:

**6321 Porter Road, #10  
Sarasota, FL 34240**


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

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

**David Painter  
6321 Porter Road, #10  
Sarasota, FL 34240**

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*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

**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:**

**MGRM**

**David Painter  
6321 Porter Road, #10  
Sarasota, FL 34240**


**MEMBER**

**Lynda Painter  
6321 Porter Road, #10  
Sarasota, FL 34240**

(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.)

**David Painter**  
\_\_\_\_\_  
Typed or printed name of signee

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**