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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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04/09/07--01032--018 **130.00

Effective Date HUD

SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: Glen's Lawn Care, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00 Filing fee & Designation of Registered Agent \$130.00 Filing Fee, Designation of Registered Agent, & Certificate of Status

[]\$160.00 Filing Fee, Designation of Registered Agent, Certified Copy, & Certificate of Status

Please return all correspondence concerning this matter to the following:

Glen Gibbs P.O. Box 3 Geneva, FL 32732

For Further information concerning this matter, please call: Glen Gibbs at (407) 349-1361.

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:

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

ARTICLES OF ORGANIZATION

OF

GLEN'S LAWN CARE, LLC

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: Glen's Lawn Care, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1955 Tall Pine Trail, Geneva, FL 32732.

ARTICLE III - REGISTERED AGENT

Effective Date 4 607 The registered agent of this company shall be:

NAME

ADDRESS

Glen Gibbs

1955 Tall Pine Trail Geneva, FL 32732

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.

ARTICLE IV - MANAGEMENT

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

Manager

Glen Gibbs

1955 Tall Pine Trail Geneva, FL 32732

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be APILL 6, 20 07.

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.)

Glen Gibbs

Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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aci lav 20	IN WITNESS WHEREOF, We knowledged and filed the forws of the State of Florida to the control of the state of	have hereunto set our hands and seals, egoing Limited Liability Company under the his,
	ī	Glen Gibbs
STA	ATE OF FLORIDA)	
CO	UNTY OF SEMINOLE)	
of or an	APRIC , 2001, by	was acknowledged before me this 10 th day Glen Gibbs, who is personally known to me icense as identification and who did take
	Bonded trip Ashton Adency, Inc. (800)451-4654	Notary Public, State of Florida At Large
	1	My Commission Expires:
hei thi sta and	ocess for the above-stated of reby accept the appointment is capacity. I further agreatures relating to the prope	gistered Agent and to accept Service of company at the place designated herein, I as Registered Agent and agree to act in see to comply with the provisions of all er and complete performance of my duties, coept the obligations of my position as
		4/ 11/
		Gien Gibbs
		DATE: 04/06/07