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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO7-56262  
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OFFICE DATE  
5-15-07



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 14, 2007

MICHAEL YAZEL OR JASON BOWLING  
P.O. BOX 303  
CITRA, FL 32113

SUBJECT: Y.B. TOTAL PROPERTY CARE, LLC  
Ref. Number: W07000023000

We have received your document for Y.B. TOTAL PROPERTY CARE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return 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) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 107A00033398

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Y. B. TOTAL PROPERTY CARE  
(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:

MICHAEL YAZEL OR JASON BOWLING  
(Name of Person)

Y. B. TOTAL PROPERTY CARE, LLC  
(Firm/Company)

2980 NE 162<sup>ND</sup> PLACE / MAIL TO P.O. BOX 303  
(Address)

CITRA, FL 32113

(City/State and Zip Code)

CITRA, FL 32113

For further information concerning this matter, please call:

MICHAEL YAZEL

352. 817. 5710 - CELL

JASON BOWLING

at

(352) 817. 3712 - CELL

(Name of Person)

(Area Code & Daytime Telephone Number)

JASON BOWLING

352. 595. 0805 - HOME OFF.

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:

Y. B. TOTAL PROPERTY CARE, LLC  
(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

2980 NE 162<sup>ND</sup> PLAKE  
CITRA, FL  
32113

**Mailing Address:**

P.O. Box 303  
CITRA, FL 32113

**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:

PAUL R. HOOD  
Name  
18701 NE 24<sup>TH</sup> AVE.  
Florida street address (P.O. Box **NOT** acceptable)  
CITRA FL 32113  
City, State, and Zip

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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..*

Paul R. Hood  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE  
5-15-07

**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~~  
~~Managing Partner~~

~~MGR~~  
~~Co-Managing Partner~~

**Name and Address:**

JASON L. BOWLING  
P.O. BOX 303  
CITRA, FL 32113

MICHAEL E. YAZEL  
P.O. BOX 265  
CITRA, FL 32113

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: MAY 15, 2007 (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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**REQUIRED SIGNATURE:**

 +   
Signature of a member or an authorized representative of a member.

(In accordance with section 608.105(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JASON BOWLING MICHAEL E. YAZEL  
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)