

07000096979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

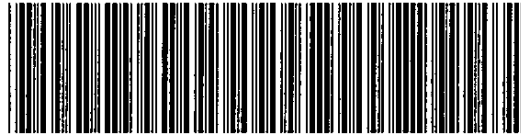
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/10/07--01026--002 **130.00

2007 SEP 10 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07-96979
OK



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2007

ISABEL LORENZO
P.O. BOX 660736
MIAMI SPRINGS, FL 33266-0736

SUBJECT: HAMMERHEAD DESIGN & LANDSCAPING LLC
Ref. Number: W07000044768

We have received your document for HAMMERHEAD DESIGN & LANDSCAPING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 10, 2007. Please amend your document accordingly.

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: 007A00053749

2007 SEP 10 AM 9:30
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01/11/07 BY 60322
UCBAW

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HAMMERHEAD DESIGN & 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:

ISABEL LORENZO

(Name of Person)

HAMMERHEAD DESIGN & LANDSCAPING LLC

(Firm/Company)

P.O. BOX 660736

(Address)

MIAMI SPRINGS, FL. 33266-0736

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK LORENZO

(Name of Person)

at (**305**) **528-5973**

(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

SEP 0 9 30
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HAMMERHEAD DESIGN & LANDSCAPING LLC

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

ARTICLE II - Address:

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

Principal Office Address:

830 NIGHTINGALE AVENUE
MIAMI SPRINGS, FL. 33166

Mailing Address:

P.O. BOX 660736
MIAMI SPRINGS, FL. 33266-0736

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:

ISABEL LORENZO

Name

830 NIGHTINGALE AVENUE

Florida street address (P.O. Box **NOT** acceptable)

MIAMI SPRINGS, FL. 33166

City, State, and Zip

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)

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:

MGR

MARK LORENZO

830 NIGHTINGALE AVENUE

MIAMI SPRINGS, FL. 33166

MGRM

ROSANNA LORENZO

830 NIGHTINGALE AVENUE

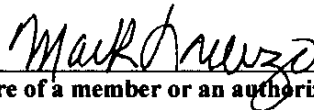
MIAMI SPRINGS, FL. 33166

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/10/2007. (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.)

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.)

MARK LORENZO

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)