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Effective Date 03/22/08

SECRETARY OF STATE BIVISION OF CORPORATION OF CORPORATION OR MAR 25 PH 2: 55

J. BRYAN

MAR 2 6 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LAWN MVn chers Land scape & Lawn Cave, 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:  Please return all correspondence concerning this matter to the following:    Color + Angle   Cir Cl   Cit Color
Please return all correspondence concerning this matter to the following:
Fobert Anglen
(Name of Person)
(Firm/Company)
144 Heritage Curcle 皇顫
Panama City Buh, A 32407 5 5
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert (malen at 800) 594-0047
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COM **ARTICLE I - Name:** The name of the Limited Liability Company is: (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: 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.) Effective Date 03 22 08 The name and the Florida street address of the registered agent are: 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

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

The name and address of each Man	nager or Managing Member is as follows:	
<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MORM - Wallaging Wellber	Dalm 1 1 1 0/0 -	
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(Use attachment if necessary)		
RTICLE V: Effective date, if other than	the date of filing: 3/2408	TIONAL)
an effective date is listed, the date mus	t be specific and cannot be more than five busin	
or 90 days after the date of filing.)		
DECLYDED CYCN MUDE		
REQUIRED SIGNATURE:		
	to 1 Salla	
Signature of a mer	nber or an authorized representative of a member.	N 86
	section 608.408(3), Florida Statutes, the execution	SECRET IVISION O
of this document co	onstitutes an affirmation under the penalties of perjury	25
that the facts state	ed herein are true.)	<b>-0</b> \$20

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)