# (BW) 5157/

• *
(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:
,
789 614 671



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Office Use Only

**CA Thomas** MAY 2 3 2008

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Lawy's Lawn Service 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:	
Jeffery Lowey (Name of Person)	<i>c</i>
Lowey's Lawn Service LLC  (Firm/Company)  (P.O. Box 990 Kathleen, FL 33849)  (Address)	ALCHASSEE, PL
Melb Brian Loop, Lakeland, FL 33810 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Teffery Lower at (803) 581-4273  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:  \$\int\\$\$125.00 \text{ Filing Fee }  \$\sum \$	atus &
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2008

JEFFERY LOWEY PO BOX 990 KATHLEEN, FL 33849

SUBJECT: LOWEY'S LAWN SERVICE LLC

Ref. Number: W08000023885

We have received your document for LOWEY'S LAWN SERVICE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6097.

Letter Number: 508A00030468

Marsha Thomas Regulatory Specialist II WIN 23 PH 3: 31

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company's:

Principal Office Address:

Mailing Address:

P. O. Box 990

Kathleen Fl

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:

Name

Noble Brian Loop

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

Kathleen, FL 33849-0990

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..

tored Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM_	Jeffery Lowey Nella Brian Loop Lakeland, FL 33810
	D8 MAY 23 T
	PR 3: 37
(Use attachment if necessary)	
TICLE V: Effective date, if other than the	

# **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.)

Jeffery Lowey
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)