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Office Use Only

G. MCLEOD **EXAMINER**



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Florida Department of State Division of Corporations Attn: Gina McLeod PO Box 6327 Tallahassee, FL 32314

Re: Turn Green Lawn Care, L.L.C. Ref. No. W08000023604

Dear Ms. McLeod,

Please find enclosed the above referenced application that was returned due to another application (W08000015994) previously submitted under Turn Green Lawn Care, Inc. The 60-business day time frame on that application has now lapsed. Please contact me should there be any additional concerns. Thank you for your assistance.

Sincerely,

Timothy Emerson

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Turn Green Lawn Care, L.L.C. (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:
Timothy R. Emerson (Name of Person)
·
Turn Green Lawn Care, L.L.C. (Firm/Company)
(Firm/Company)
P.O. Box 3/3 (Address)
(Address)
Brandon, FL 33609 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Timothy R Emerson at (813) 690-4984 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee & Certificate of Status}\$\$ \bigcup \text{\$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 Street/Courier Address

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

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	R	ΤI	\mathbf{C}	$\mathbf{L}\mathbf{E}$	I	_	Name	
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The name of the Limited Liability Company is:

Turn Green Lawn Care, L.L.C.

(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:	Mailing Address:		
608 Rosemarie Ave	PO Box 313		
Brandon, FL 33511	Brandon, FL 33609		

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:

Timothy Emerson
Name
608 Rosenarie Ave
Florida street address (P.O. Box <u>NOT</u> acceptable)
Brandon, FLFL 33511 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)
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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL)

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

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

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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.)

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)