L08600073530

· · · ·		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
•		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(,
(Do	cument Number)	
(50	cament Namber)	
	.	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	ŕ	
		ı

Office Use Only



800133687928

07/31/08--01004--010 **125.00

SCORLIANT OF STATE

JUL 31 PM 1:

NOT INTENDED TO ACKNOWLEDGE SUFFICIENCY OF FILMS

RECEIVED
DEPARTHENT OF STATE
DIVISION OF CORPORATION

B. KOHR

JUL 31 2008

EXAMINER



UCC FILING & SEARCH SERVICES, INC. 1574 Village Square Blvd Ste 100 Tallahassee, Florida 32309 (850) 681-6528

HOLD FOR PICKUP, BY **UCC SERVICES** OFFICE USE ONLY

July 31, 2008

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

		Naples Lav	wn Care L.L.C.		
					<u>, </u>
	Filing Evidence ☑ Plain/Confirmation	n Copy		Type of Docum Certificate of Sta	
	□ Certified Copy			Certificate of Go	od Standing
				Articles Only	FLORING FLORING
	Retrieval Reque ☐ Photocopy ☐ Certified Copy	<u>st</u>		Articles & Amer	
				•	
	NEW FILINGS		AMENDMENTS]
	Profit		Amendment		
	Non Profit	ļ <u>.</u>	Resignation of RA O	fficer/Director	
X	Limited Liability		Change of Registered	l Agent	
	Domestication		Dissolution/Withdrav	val	
	Other		Merger	·	
					•
	OTHER FILINGS		REGISTRATION/QI	UALIFICATION	
	Annual Reports		Foreign		
	Fictitious Name		Limited Liability		
	Name Reservation		Reinstatement		
	Reinstatement		Trademark		
			Other		

ARTICLE I - Name: The name of the Limited Liability Company is: Naples 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: | 12 | 0 39 + h Street SW | P.O. Box 990094 | Naples FL 34117 | Naples FL 34116

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:

Thom	as	F	Hud	-ains	,	PLLC	<u>. </u>	
- -			Name	•	'			
2800	Da	vis	BIU	d.,	Su	ite 2	503	
	Fl	orida s	treet add	dress (P.C). Bo	ox <u>NOT</u> a	cceptab	ile)
	^	Jaf	ردعاد	FL	3	4104	<u> </u>	
		City	, State, a	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

<u>Fitle:</u> 'MGR" = Mana 'MGRM" = Ma	Name and Address: ager anaging Member	
MGR MGR	Eric A. Plaster 1210 39th Street Napus, FL 34117	SW
MGR	Bradley S. Plaste 1230 39th Street Naples, FL 34117	sw_
	· · · · · · · · · · · · · · · · · · ·	
LE V: Effective	e date, if other than the date of filing:	(OPTION
LE V: Effective fective date is li	e date, if other than the date of filing: isted, the date must be specific and cannot be more than fiv	(OPTION e business d
LE V: Effective fective date is lidays after the c	e date, if other than the date of filing: isted, the date must be specific and cannot be more than five date of filing.)	(OPTIONe business d
LE V: Effective fective date is li days after the o	e date, if other than the date of filing: isted, the date must be specific and cannot be more than five date of filing.)	e business d
(Use attachment LE V: Effective fective date is line days after the content of th	e date, if other than the date of filing: isted, the date must be specific and cannot be more than five date of filing.) IGNATURE:	e business d

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)