

LD90000007416

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

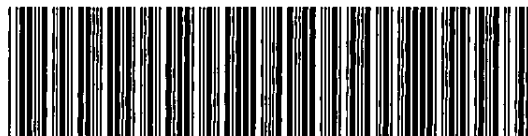
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200141436382

01/22/09--01009--016 **125.00

Effective Date

01/19/09

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 22 AM 10:13

T. HAMPTON

JAN 23 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aladdin Lawn Painting 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:

Christine Martin

(Name of Person)

Aladdin Lawn Painting Service, LLC

(Firm/Company)

17597 Rockefeller Circle, Suite 2

(Address)

Fort Myers, Florida 33967

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Martin

(Name of Person)

at (239) 267 7769

(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

Effective Date

01/19/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aladdin Lawn Painting Service, 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:

Aladdin Lawn Painting Service, LLC

17597 Rockefeller Circle, Suite 2

Fort Myers, Florida 33967

Mailing Address:

Aladdin Lawn Painting Service, LLC

17597 Rockefeller Circle, Suite 2

Fort Myers, Florida 33967

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:

Christine Martin

Name

17597 Rockefeller Circle, Suite 2

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

Fort Myers, Florida 33967

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..

Christine Martin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JAN 22 AM 10:13

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:

<u>MGRM</u>	<u>David Flint</u>
	<u>17597 Rockefeller Circle, Suite 2</u>
	<u>Fort Myers, Florida 33967</u>
<u>MGRM</u>	<u>Christine Martin</u>
	<u>17597 Rockefeller Circle, Suite 2</u>
	<u>Fort Myers, Florida 33967</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-19-09. (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:

Christine Martin

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.)

Christine Martin

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)