

L09000046919

(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



200155739652

05/11/09--01025--013 \*\*160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

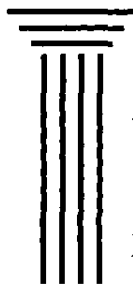
09 MAY 11 AM 11:41

FILED

S. HAWKES

MAY 13 2009

EXAMINER



**HADDAD &  
SHUTTERA**  
INJURY ATTORNEYS

ROYCE C. HADDAD, JR.  
ROBERT J. SHUTTERA

6344 Roosevelt Boulevard  
Clearwater, FL 33760

Telephone (727) 299-0449  
Facsimile (727) 299-9181

[www.FlaPersonalInjury.com](http://www.FlaPersonalInjury.com)  
*Se habla español*

May 7, 2009

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

***RE: SMITH LANDSCAPE MAINTENANCE, LLC***

To Whom It May Concern:

Attached please find the fully executed Articles of Organization for SMITH LANDSCAPE MAINTENANCE, LLC. Also enclosed is my firm's check for \$160.00 to cover the \$100 filing fee, \$25 Designation of Registered Agent, \$30 for a certified copy of the filed Articles, and \$5 for a Certificate of Status. Please file the Articles with the Secretary of State on a priority basis. Upon filing, please return the certified copy of the Articles to 6344 Roosevelt Blvd., Clearwater, Florida 33760 along with the Certificate of Status. Please also fax a copy of the filed Articles to 727-299-9181 as well as an invoice for the requested services.

Please contact me at the above address or at 727-299-0449 if you require any further information. Thank you for your prompt attention to this matter.

Sincerely yours,

**HADDAD & SHUTTERA, P.A.**

**Robert J. Shuttera, Esq.**

RJS/ah

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SMITH LANDSCAPE MAINTENANCE, 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:

Robert J. Shuttera

Name of Person

Haddad & Shuttera, P.A.

Firm/Company

6344 Roosevelt Blvd.

Address

Clearwater, Florida 33760

City/State and Zip Code

Bob@FlaPersonalInjury.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert J. Shuttera

Name of Person

at ( 727 )

299-0449

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SMITH LANDSCAPE MAINTENANCE, 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:

4501 Ulmerton Road, Unit 7  
Clearwater, Florida 33762

#### Mailing Address:

4501 Ulmerton Road, Unit 7  
Clearwater, Florida 33762

### 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:

Robert J. Shuttera

Name

6344 Roosevelt Blvd.

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

Clearwater 33760 FL

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)

**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:**

MGRM

Frank Smith

4501 Ulmerton Road, Unit 7

Clearwater, Florida 33762

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**



\_\_\_\_\_  
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.)

Robert J. Shuttera

\_\_\_\_\_  
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)**