

L09000113754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

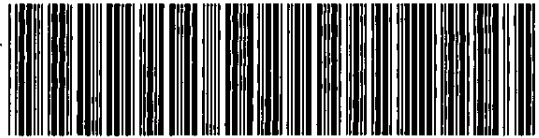
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/25/09--01007--021 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell NOV 30 2009

November 23, 2009

To Whom It May Concern:

Please accept the enclosed Articles of Organization and \$125 payment for the following new company.

Space Coast Lawn Care, LLC

1211 Admiralty Blvd
Rockledge FL 32955

321-610-2141

Sincerely,

John Farlow

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Space Coast Lawn Care, 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:

John Farlow MGRM

Name of Person

Space Coast Lawn Care, LLC

Firm/Company

1211 Admiralty Blvd

Address

Rockledge FL 32955

City/State and Zip Code

sclc@yahoo.com

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

For further information concerning this matter, please call:

John Farlow MGRM

Name of Person

at (**321**) **693-1113**

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:

Space Coast Lawn Care, 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:

1211 Admiralty Blvd
Rockledge FL 32955

Mailing Address:

1211 Admiralty Blvd
Rockledge FL 32955

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:

John Farlow
Name
1211 Admiralty Blvd
Florida street address (P.O. Box **NOT** acceptable)
Rockledge FL 32955
City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

[Signature]
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:

John Farlow MGRM

1211 Admiralty Blvd

Rockledge FL 32955

Jason Bucci MGRM

1211 Admiralty Blvd

Rockledge FL 32955

Robert Sisko MGRM

1211 Admiralty Blvd

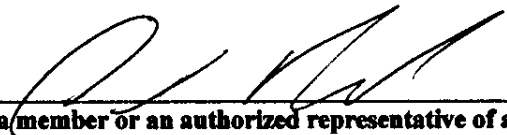
Rockledge FL 32955

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

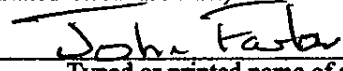
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)

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TALLAHASSEE, FLORIDA