129000120791

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dusiness Fakis Mana)
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only

G. MCLEOD

DEC 21 2009

EXAMINER



700162963717

11/30/09--01024--022 **160.00

SECRETARY OF STATE OIVISION OF CORPORATION

Nar & Narm

Josq 52373

COVER LETTER

TO:	Registration Division of C	Section Corporations	**	
SUBJI	ECT: TL&		N AND HOME CARE	SERVICES, LLC.
The en	closed Articles	of Organization and fee(s) are	e submitted for filing.	
Please	return all corre	spondence concerning this ma	tter to the following:	
		Le	Verne F. Barrett	
			Name of Person	
	TI	L&HCS: TOTAL LAWN	AND HOME CARE SE	RVICES, LLC.
			Firm/Company	
		21	2 SW 11th Ave.	
			Address	
		Boynton	Beach, Florida 33435	
	***	C	ity/State and Zip Code	
			cs@hotmail.com	
•		E-mail address: (to be used	for future annual report notification	n)
For fur	ther information	n concerning this matter, pleas	se call:	
	LeVerne	and John Barrett	at (561)	572-6904
	Nam	e of Person	Area Code & Daytime	
Enclos	ed 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	Street/Courier Addr	288

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

TL&HCS: TOTAL LAWN AND HOME CARE SERVICES, 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:	Mailing Address:					
212 SW 11th A	ve.	P.O. BOX 509					
Boynton Beach	Florida 33435	Boynton Beach, Flo	orida 33425				
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 H. Ba	•	^{7€}				
	Name	1101, 01.	SEC VISIO 09 N				
	212 SW 11	th Ave.	SECRETAR VISION OF 09 NOV 30				
	Florida street address (P.O.	Box NOT acceptable)					
	Boynton Beach, 33435	FL					
	City, State, ar	nd Zip	- STA				
77 . 1	1 1 1 1		C 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				

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	
"MGRM"	John H. Barrett, Jr.
	212 SW 11th Ave.
	Boynton Beach, Florida 33425
"MGRM"	LeVerne F. Barrett
	212 SW 11th Ave.
	Boynton Beach, Florida 33435
"MGRM"	John H. Barrett
	212 SW 11th Ave.
	Boynton Beach, Florida 33435
"MGRM"	Jonathan W. Barrett
	212 SW 11th Ave.
	Boynton Beach, Florida 33435
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: November 24, 2009. (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 SIG	ENATURE:
	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.)
	LeVerne F. Barrett
Filing Fees:	Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)