

L10000057877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

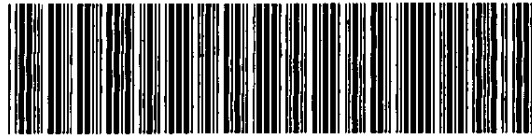
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/08/10--01017--019 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAY 27 PM 2:21

FILED

S. HAWKES

MAY 28 2010

EXAMINER

S. HAWKES

~~MAR 9 2010~~

EXAMINER

W10-12/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 10, 2010

RAMON PECINA
5203 VEL STREET
WIMAUMA, FL 33598

SUBJECT: PECINA'S LANDSCAPE, LLC
Ref. Number: W10000012121

We have received your document for PECINA'S LANDSCAPE, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 210A00005940

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pecina's Landscape, 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:

Ramon Pecina

Name of Person

Pecina's Landscape, LLC

Firm/Company

5203 Vel Street

Address

Wimauma, FL 33598

City/State and Zip Code

None

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

For further information concerning this matter, please call:

William E. Wieland, Jr.

Name of Person

at (813)

645-3538

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

WILLIAM E. WIELAND, JR.
ACCOUNTANT AND TAX CONSULTANT
922 Golf Island Drive
Apollo Beach, Florida 33572

Florida Department of State
Registration Division
P.O. Box 6327
Tallahassee, Florida

RE: W10000012121

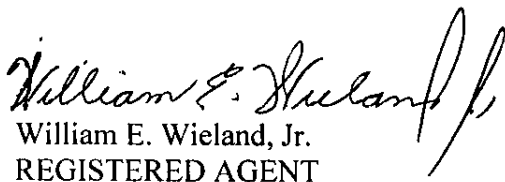
To Whom It May Concern:

My client, Ramon Pecina, states that he never received back his LLC application for signature.

We are enclosing a new application with his signature. We understand that you have held his check waiting for the sign copy to come back.

If you have any other concerns please contact me as Registered Agent

Sincerely


William E. Wieland, Jr.
REGISTERED AGENT

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pecina's Landscape, 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:

Pecina Landscape
5203 Vel Street
Wimauma, FL 33598

Mailing Address:

Pecina Landscape
Box 1912
Wimauma, FL 33598

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:

William E. Wieland, Jr.

Name

922 Golf Island Drive

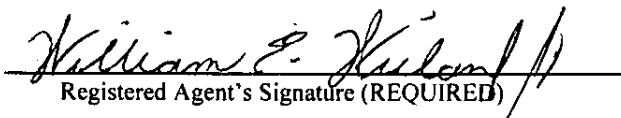
Florida street address (P.O. Box **NOT** acceptable)

Apollo Beach

FL 33572

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)

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TALLAHASSEE, FLORIDA

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:

MGR

Ramon Pecina

5203 Vel Street

Wimauma, FL 33598

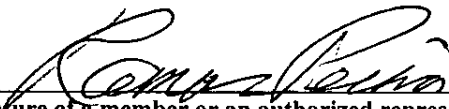
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CLERK OF STATE
TALLAHASSEE, FLORIDA

(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.)

Ramon Pecina

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)