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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

EFFECTIVE DATE 6 1 10



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JUN 4 2010

EXAMINER



COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DRD Lawn Services Limited Lia Name of Limite	bility Company (LLC) d Liability Company
The enclosed Articles of Organization and fee(s) are s	ubmitted for filing.
Please return all correspondence concerning this matter	er to the following:
Robert N. Atkinson	
i	Name of Person
DRD Lawn Services LLC	
	Firm/Company
1685 Atkinson Lane	
	Address
Bartow, FL 33830	
City	/State and Zip Code
drdlawnservices@gmail.com	<u> </u>
E-mail address: (to be used fo	or future annual report notification)
For further information concerning this matter, please	or future annual report notification)
Jennifer Atkinson	
Name of Person	at (863) 258-5468 Area Code & Daytime Telephone Number
	at (863) 258-5468 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	S C C C C C C C C C C C C C C C C C C C
□\$125.00 Filing Fee □\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 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	Street/Courier Address Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:	
DRD Lawn Services LLC		
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Compan	y is:
Principal Office Address:	Mailing Address:	
1685 Atkinson Lane	1685 Atkinson Lane	
1000 Alkinson Lane	1000 Alkinson Lane	
Bartow, FL 33830	Bartow, FL 33830	

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..

City, State, and Zip

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

FL 33830

Registered Agent's Signature (REQUIRED)

1685 Atkinson Lane

Bartow

(CONTINUED)
Page 1 of 2



· ARTICLE IV-	Manager(s) o	r Managing	Member(s):

The name and address of each Manager or Managing Member is as follows:

01 (000	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
Robert Atkinson, MGR	1685 Alkinson Lane
	Bartow, FL 33830
Jennifer Atkinson, MGRM	1685 Atkinson Lane
	Bartow, FL 33830
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	he date of filing: June 1, 2010 (OPTIONAL)
CLE V: Effective date, if other than the	the date of filing: June 1, 2010 . (OPTIONAL) t be specific and cannot be more than five business days prior
CLE V: Effective date, if other than the effective date is listed, the date must 0 days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must	
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.)	
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE:	t be specific and cannot be more than five business days prior
CLE V: Effective date, if other than the effective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a mem (In accordance with	aber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury

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)