

L1000007757

(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:

wf-34201

A. LUNT

JUL 23 2010

EXAMINER

Office Use Only



600183084726

07/19/10--01042--015 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 22 PM 2:31

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2010

MATT RESCH
4631 PALADIN CIR.
VERO BEACH, FL 32967

SUBJECT: PREMIER LANDSCAPE SOLUTIONS OF I.R.
Ref. Number: W10000034201

We have received your document for PREMIER LANDSCAPE SOLUTIONS OF I.R. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 510A00017668

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREMIER LANDSCAPE SOLUTIONS OF I.R.
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:

MATT RESCH

Name of Person

PREMIER LANDSCAPE SOLUTIONS OF I.R.

Firm/Company

4631 PALADIN CIR

Address

VERO BEACH FL 32967

City/State and Zip Code

PREMLANDSCAPESOL@AOL.COM

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

For further information concerning this matter, please call:

MATT RESCH

Name of Person

at (772) 633-8598

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

2000 JUL 22 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PREMIER LANDSCAPE SOLUTIONS OF I.R. 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:**4631 PALADIN CIR
VERO BEACH FL
329674631 PALADIN CIR
VERO BEACH FL
32967**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:

MATT RESCH
Name4631 PALADIN CIR
Florida street address (P.O. Box NOT acceptable)VERO BEACH FL 32967
City, State, and ZipSECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 22 PM 2:31

FILED

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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MATT RESCH
4631 PALADIN CIR
VERO BEACH FL, 32967

2019 JUL 22 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(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.)

MATT RESCH

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)