

L10000093924

(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



800184985118

09/08/10--01012--010 \*\*155.00

RECEIVED

10 SEP - 8 PM 12:45

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

10 SEP - 8 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan SEP - 8 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: First Choice 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:

Christopher John Mathews  
Name of Person

\_\_\_\_\_  
Firm/Company

6848 Hill Gail Tr.  
Address

Tallahassee FL 32309  
City/State and Zip Code

mrcontender05@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher John Mathews at ( 850 ) 251-3778  
Name of Person 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)
- C.M.*

**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:

First Choice 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:

6848 Hill Gail Tr.  
Tallahassee FL 32309

Mailing Address:

6848 Hill Gail Tr.  
Tallahassee FL 32309

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.)

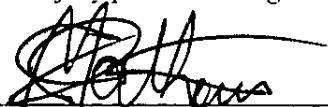
The name and the Florida street address of the registered agent are:

Christopher John Mathews  
Name

6848 Hill Gail Tr.  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32309  
City, State, and Zip

FILED  
10 SEP - 8 PM 12:59  
SECRETARY OF STATE  
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..*

  
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

MGRM

**Name and Address:**

Christopher John Mathews  
6848 Hill Gail Tr.  
Tallahassee FL 32309

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

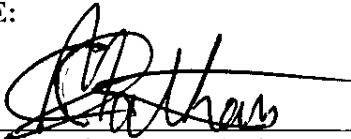
\_\_\_\_\_

(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.)

Christopher John Mathews  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 SEP - 8 PM 12:59

FILED

**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)**