

L10000094903

(Requestor's Name)

(Address)

(Address)

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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T. CLINE  
SEP 10 2010  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 24, 2010

ADAM MATYAS  
213 NE 21ST AVENUE  
CAPE CORAL, FL 33909

SUBJECT: MATYAS' LAWN MAINTENANCE LTD LIABILITY CO.  
Ref. Number: W10000039929

We have received your document for MATYAS' LAWN MAINTENANCE LTD LIABILITY CO. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction:

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 710A00020311

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Matyas' Lawn Maintenance "LTD Liability Co"**  
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:

Adam Matyas  
Name of Person

Matyas' Lawn Maintenance "LTD Liability Co"  
Firm/Company

213 NE 21st Ave  
Address

Cape Coral, FL 33909  
City/State and Zip Code

Kristin7171@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Matyas at ( 239 ) 677-7616  
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)

**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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Matyas' Lawn Maintenance "Ltd Liability Co"

(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:**

213 NE 21st Ave  
Cape Coral, FL 33909

213 NE 21st Ave  
Cape Coral, FL 33909

**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:

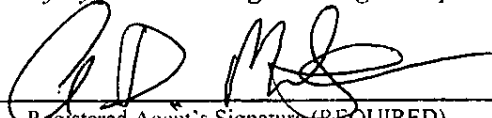
Adam Matyas  
Name

213 NE 21st Ave  
Florida street address (P.O. Box **NOT** acceptable)

Cape Coral, FL 33909  
City, State, and Zip

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*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..*

X   
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

**Name and Address:**

"MGR"

Adam Matyas

213 NE 21st Ave

Cape Coral, Fl 33909

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

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**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.)

Adam Matyas

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)