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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR

SEP 24 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINOY LAWN REINFORCEMENT L.L.C.
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:

ERLINDA P. BARUTA

Name of Person

Firm/Company

1208 MAGNOLIA WOODS CT.

Address

LUTZ FLORIDA 33558

City/State and Zip Code

ASIMPLEMR@VERIZON.NET

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

For further information concerning this matter, please call

ERLINDA P. BARUTA

Name of Person

at 813 948-4615

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

10 SEP 22 PM 3:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32301

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DIVISION OF CORPORATIONS
10 SEP 22 PM 3:55

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PINOY LAWN REENFORCEMENT L.L.C.

(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:

ERLINDA P. BARUTA
1208 MAGNOLIA WOODS CT.
LUZZ FLORIDA 33558

Mailing Address:

ERLINDA P. BARUTA
1208 MAGNOLIA WOODS CT.
LUZZ FLORIDA 33558

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:

JOSEPH P. BARUTA

Name

1208 MAGNOLIA WOODS CT.

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

LUZZ FLORIDA 33558

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.

Joseph P. Baruta

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

MGR

Name and Address:

ERLINDA P. BARUTA
1208 MAGNOLIA WOODS CT.
LUTZ FLORIDA 33558

(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:

Erinda P. Baruta

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.)

ERLINDA P. BARUTA

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)