

L10000118982

(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



000186665450

11/01/10--01048--011 **238.75

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10 NOV 15 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 16 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2010

AAR LAWN SERVICES LLC
8503 TRAIL WIND DR.
TAMPA, FL 33647

SUBJECT: AAR LAWN SERVICES LLC
Ref. Number: L07000067728

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TALLAHASSEE, FLORIDA

We have received your document for AAR LAWN SERVICES LLC and your check(s) totaling \$238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above referenced entity was voluntarily dissolved. There is no provision in the Florida Statutes for reinstating a voluntarily dissolved entity. Therefore, we are returning your reinstatement along with the forms and instructions for you to form a new entity.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 110A00025878

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AAR LAWN SERVICES 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:

AARON M Coy
Name of Person

AAR LAWN SERVICES LLC
Firm/Company

8503 TRAIL WIND DR
Address

TAMPA FL 33647
City/State and Zip Code

COY152000@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AARON M Coy at (813) 245-0533
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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AAR LAWN SERVICES 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:

8503 TRAIL WIND DR
TAMPA FL 33647

Mailing Address:

29104 RIVERGATE RUN
WESLEY CHAPEL FL
33543

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:

AARON M COY

Name

8503 TRAIL WIND DR

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

TAMPA

FL

33647

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.



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

AARON M COY
8503 TRAIL WIND DR
TAMPA FL 33647

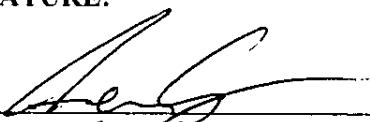
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(Use attachment if necessary)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

AARON M COY

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)