# L10000121321

| (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:

L. SELLERS

DEC -9 2010

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

| ' TC    |                 | legistration<br>Division of ( | Section<br>Corporations   |   |  |
|---------|-----------------|-------------------------------|---|---|--|
| SL      | J <b>BJEC</b> " | r: Duffe                      | ey Tree Care LLC  |   |  |
|         |                 |                               |   | ited Liability Company  |  |
| T'L     |                 | ood Addalos                   | of Onomination and fra(a) and   | and aimed for filling   |  |
|         |                 |                               | of Organization and fee(s) are  | _   |  |
| Ple     | ease retu       | ırn all corre                 | spondence concerning this ma  | tter to the following:  |  |
|         | <u>A</u>        | nthony                        | / Duffey  |   |  |
|         |                 |                               |   | Name of Person  |  |
|         | D               | uffey 7                       | Tree Care LLC   |   |  |
|         |                 |                               |   | Firm/Company  | _  |
|         | 7               | 24 Clin                       | nate Drive  |   | ·  |
|         |                 |                               |   | Address   |  |
|         | Br              | andon,                        | Florida 33511   |   |  |
|         |                 |                               |   | ity/State and Zip Code  |  |
|         | w               | ww.duffe                      | eytreecare@yahoo.co   | for future annual report notification)  |  |
| For     | r furthe        | informatic                    | on concerning this matter, pleas  | ·   |  |
| 7 01    | , raitine       | momatic                       | m concerning this matter, pieas   |   |  |
| Ar<br>— | nthon           | y Duffey                      |   | at ( 813) 381-4329  |  |
|         |                 | Nan                           | ne of Person  | Area Code & Daytime Teleph  | one Number   |
| En      | closed          | is a check                    | for the following amount:   |   |  |
| \$12    | 5.00 Fi         | ling Fee                      | \$130.00 Filing Fee & Certificate of Status   | Certified Copy (additional copy is enclosed)  | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 Cir Tallahassee, FL 32301 | cle  |

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

| AR     | TIC | T | I _ | Na    | me |   |
|--------|-----|---|-----|-------|----|---|
| $\sim$ | 111 |   |     | 1 7 4 |    | ٠ |

The name of the Limited Liability Company is:

# **Duffey Tree 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: | Mailing Address:       |  |  |
|---------------------------|------------------------|--|--|
| Duffey Tree Care LLC      | Duffey Tree Care LLC   |  |  |
| 724 Climate Drive         | 724 Climate Drive      |  |  |
| Brandon, Florida 33511    | Brandon, Florida 33511 |  |  |

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:

| Anthony [ | Duffey   |
|-----------|--|
|           | Name   |
| 724 Clir  | mate Drive                                       |
|           | Florida street address (P.O. Box NOT acceptable) |
| Brandon,  | <sub>FL</sub> 33511                              |
|           | 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..

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:

| MGR   | <b>.</b>              | Anthony Duffey                     |                     |
|---|-----------------------|------------------------------------|---------------------|
|   |                       | 724 Climate Drive                  |                     |
|   |                       | Brandon, Florida 33511             |                     |
| <del></del>                                 | -                     | <del></del>                        |                     |
|   |                       |                                    |                     |
|   | -                     |                                    |                     |
|   |                       |                                    |                     |
|   | _                     |                                    |                     |
|   |                       |                                    |                     |
| (Use attachment if                          | necessary)            |                                    |                     |
| LE V: Effective da                          | te, if other than the | date of filing:                    | (OPTIONA            |
| ffective date is listed days after the date | l, the date must be   | e specific and cannot be more than | i five business day |
| •   | 67                    |                                    |                     |
|   | NATURE:               |                                    |                     |

(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.)

Anthony Duffey

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)