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DIVISION OF CORPORATION OF CORPORATI

T. HAMPTON

MAR - 9 2011

EXAMINER

COVER LETTER

	ion Section f Corporations		
SUBJECT: PE	NTON'S LANDSCA	APING LLC.	
	Name of Limi	ited Liability Company	
The enclosed Artic	les of Organization and fee(s) are	e submitted for filing.	
Please return all co	rrespondence concerning this ma	tter to the following:	
LONN	IE PENTON		
	-	Name of Person	
C/O B	art Warner	<u>.</u>	
		Firm/Company	
6683 E	Beaudry Lane		
		Address	
Milton, F	L 32570		
		ity/State and Zip Code	
<u>rlwllc@b</u>	ellsouth.net E-mail address: (to be used	for future annual report notification)	
For further informa	tion concerning this matter, pleas	se call:	
Bart Warner		at (850) 261-1954	
N	ame of Person	Area Code & Daytime Telephone Number	
Enclosed is a chec	ck for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fe Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ıs &
s v	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	

Effective Date 3////

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTI	CI	Tr.	T _ 1	Nam	ο.
AKI		, P.	-	Nam	н.

The name of the Limited Liability Company is:

PENTON'S LANDSCAPING 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:
6683 Beaudry Lane	6683 Beaudry Lane
Milton, FL 32570	Milton, FL 32570

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:

Bart wa	rner
	Name
6683 E	Beaudry Lane
	Florida street address (P.O. Box NOT acceptable)
Milton,	_{FL} 32570
	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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR -8 AM D 32

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	LONNIE PENTON	
	6683 Beaudry Lane	
	Milton, FL 32570	
		
		
(Use attachment if necessary)		
	he date of filing: 3/1/2011	(ODTION)

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.)

LONNIE PENTON

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)