

41100035241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

03/22/11--01011--028    \*\*130.00

(Business Entity Name)

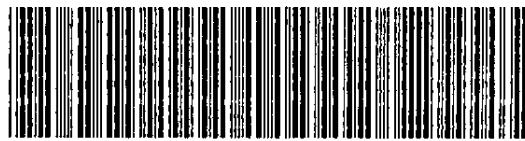
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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EFFECTIVE DATE 3/17/11



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11 MAR 22 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**FILED**

**D. BRUCE**  
MAR 23 2011  
**EXAMINER**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** No worries lawn care 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:

Nick Coyer

Name of Person

No worries lawn care LLC

Firm/Company

1309 S. Barbara st Melbourne FL

Address

Melbourne FL 32901

City/State and Zip Code

USMC Coyer@gmail.com

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

For further information concerning this matter, please call:

Nick Coyer

Name of Person

at (321) 482-6032

Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

## No Worries Lawn 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:**

1309 S. Babcock St  
Melbourne FL #167  
32901

**Mailing Address:**

1309 Shabotek st  
Melbourne FL #1C7  
32901

**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:

NO Worries lawn care / Nick Coyer  
Name \_\_\_\_\_

1309 S. Babcock St #167  
Florida street address (P.O. Box NOT acceptable)

Melbourne FL 32941  
City, State, and Zip

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SHERIFF OF STATE  
FALLAHASSEE, FLORIDA

*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.*

Neil Caren  
Registered Agent's Signature (REQUIRED)

**(CONTINUED)**

Page 1 of 2

EFFECTIVE DATE 3/07/11

**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:**

Nick Cogar 807 August St  
SE Palm Bay FL 32909

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 3/17/11. (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:**

Nick Cogar  
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.)

Nick Cogar  
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)

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FLORIDA  
DEPARTMENT OF STATE  
LAHASSEE, FLORIDA  
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