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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAR 25 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EARTH MAN GLASS CLEANING JANITORIAL LAWN CARE SERVICE
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:

~~Robert~~ Robert

Name of Person

EARTH MAN GLASS CLEANING JANITORIAL

Firm/Company

LAWN CARE SERVICE

Address

1421 TRAVERSE ST PALM-BAY FL 32909

City/State and Zip Code

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

For further information concerning this matter, please call:

Robert or JAMES at 321, 605-1681

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

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ARTICLE I - Name:

The name of the Limited Liability Company is:

EARTH MAN GLASS CLEANING JANITORIAL, LAWN CARE SERVICE, "E.L.C."

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

1421 TRAVERSE ST SE
P A M - BAY FL 32909

1621 TRAVERSE ST
PATTM-1544 FL-
32909

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COMMISSIONER OF LABOR
COMMISSIONER OF MINES
COMMISSIONER OF NATURAL RESOURCES
COMMISSIONER OF PUBLIC SAFETY
COMMISSIONER OF TRANSPORTATION
COMMISSIONER OF UTILITIES
COMMISSIONER OF WILDLIFE
COMMISSIONER OF ZONING
COMMISSIONER OF LAND MANAGEMENT
COMMISSIONER OF ENVIRONMENTAL PROTECTION
COMMISSIONER OF HISTORIC PRESERVATION
COMMISSIONER OF ARCHITECTURE
COMMISSIONER OF ENGINEERING
COMMISSIONER OF SURVEYING
COMMISSIONER OF GEOGRAPHIC INFORMATION SYSTEMS
COMMISSIONER OF LAND ACQUISITION
COMMISSIONER OF LAND RECLAMATION
COMMISSIONER OF LAND CONSERVATION
COMMISSIONER OF LAND DEVELOPMENT
COMMISSIONER OF LAND MARKETING
COMMISSIONER OF LAND MANAGEMENT
COMMISSIONER OF LAND RECLAMATION
COMMISSIONER OF LAND CONSERVATION
COMMISSIONER OF LAND DEVELOPMENT
COMMISSIONER OF LAND MARKETING

(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.)

Florida street address of the registered agent are:
~~Robert Cylbert Robert~~
 Name

Name _____

1421 TRAVerse St

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

PHM-BAY FL 32909
City, State, and Zip

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)

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Robert MGR

Gilbert MGRM

Name and Address:

Robert Gilbert
1421 TRAVELER ST
PH 1715 AG FL 32909

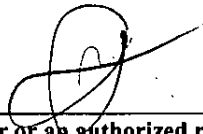
Gilbert James
1421 TRAVELER ST
PH 1715 AG FL 32909

(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.)

ROBERT Gilbert
Typed or printed name of signer

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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