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**EXAMINER** 



200202957452

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II APR 21 PM 3: 07
SECRETARY OF STATE

# **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: Triple AAAces LawnCARE	
Name of Limited Liability	Company
The enclosed Articles of Organization and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fol	lowing:
Roger A McClelland III	
Name of Per	rson
Triple AAAces LawnCARE	
Firm/Comp	any
13046 Lincoln Rd	
Address	
Riverview, FL 33578	
City/State and Z	Cip Code
tripleaaaces@yahoo.com  E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter, please call:	
Roger A McClelland III at (813	
Name of Person Are	ea Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certifi	10 Filing Fee & \$\ \$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\tex{
Registration Section Robivision of Corporations D. P.O. Box 6327 C. Tallahassee, FL 32314 26	egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	.E.	I _	Na	me:

The name of the Limited Liability Company is:

# Triple AAAces LawnCARE, 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 Add	dress:	Mailing Address:	
13046 Lincoln Rd		13046 Lincoln Rd	
Riverview, FL 33578	v, FL 33578 Riverview, FL 33578		
(The Limited Liability Combusiness entity with an acti The name and the Flo	pany cannot serve as its own Register ive Florida registration.)  orida street address of the reserved Roger A McClelland III  Name  13046 Lincoln Reference address a		

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:

<u>Title:</u> "MGR" = Man "MGRM" = M	nager Ianaging Member	Name and Address:
MGR		Roger A McClelland III
		13046 Lincoln Rd
, <b>5</b> 5.		Riverview, FL 33578
		n/a
n/a		n/a
n/a		n/a
(Use attachme	nt if necessary)	
	listed, the date must b	e date of filing: date of filing
REQUIRED S	SIGNATURE:	
	Roger McC Signature of a member	Collard er 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.)

Roger A McClelland III

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)