

Office Use Only

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**EXAMINER** 



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SECRETARY OF STATE

# **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJI	ECT: Scott's Quality Lawn Care, LLC
SUDG	Name of Limited Liability Company
The er	aclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Scott L. Fredrickson
	Name of Person
	Scott's Quality Lawn Care, LLC
	Firm/Company
	2631 Lorna Drive
•	Address .
	Melbourne, FL 32935
١,	Sqlcmelbourne@yahoo.com  E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Emil	y Fredrickson at (321) 557-6580  Name of Person Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:
\$125.0	0 Filing Fee \$\ \text{Certificate of Status}\$\$130.00 Filing Fee & \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Scott's	Quality	Lawn	Care,	LL	.C
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(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:	<b>Mailing Address:</b>	
2631 Lorna Drive	2631 Loma Drive	
Melbourne, FL 32935	Melbourne, FL 32935	
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its ov business entity with an active Florida registration.)  The name and the Florida street address of Scott L. Fredricks	wn Registered Agent. You must designate an individual of the registered agent are:	dual or another
	Name	m <sup>-</sup> ≺ —
2631 Lorna D	<b>Orive</b>	PM 2:
Florida s	treet address (P.O. Box NOT acceptable)	<u></u>
Melbourne,	<sub>FL</sub> 32935	09 RIUA
	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)

# 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" = Manager "MGRM" = Managing Membe	Name and Address:
MGRM	Scott L. Fredrickson
	2631 Lorna Drive
	Melbourne, FL 32935
MGRM	Emily Z. Fredrickson
	2631 Lorna Drive
	Melbourne, FL 32935
(Use attachment if necessary)	
(Use attachment it necessary)	
CLE V: Effective date, if other th	nan the date of filing: (OPTIONAL)
effective date is listed, the date r	nust be specific and cannot be more than five business days prior
0 days after the date of filing.)	prior
- and a man of manage,	
<b>REQUIRED SIGNATURE:</b>	
<del></del>	
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(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.)

Scott L. Fredrickson

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)