H11000149764

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☒ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

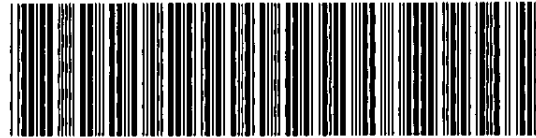Certified Copies _____/_____   Certificates of Status _____/_____

Special Instructions to Filing Officer:

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G. MCLEOD

JUN 15 2011

EXAMINER

300208550833

06/15/11--01009--002   **160.00

RECEIVED
11 JUN 15 AM 10: 11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUN 15 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT: **DONOVAN TREE SERVICE 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:

DAVID LAST

Name of Person

Firm/Company

7507 PONCE COURT

Address

JACKSONVILLE, FL 32217

City/State and Zip Code

LASTDD@COMCAST.NET

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

For further information concerning this matter, please call:

_____ at (_____) _____
      Name of Person   ·   Area Code & Daytime Telephone Number
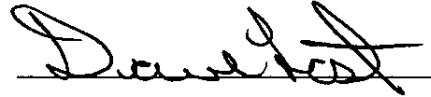
Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☒ $160.00 Filing Fee,
                                   Certificate of Status   Certified Copy   Certificate of Status &
                                                   (additional copy is enclosed)   Certified Copy
                                                                    (additional copy is enclosed)

Mailing Address	Street/Courier Address
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

I, DAVID LAST WILL NOT REINSTATE DONOVAN TREE SERVICE LLC
DOCUMENT # L09000010716 AND I RELEASE THE NAME FOR USE.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

DONOVAN TREE SERVICE 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:**
7507 PONCE COURT	7507 PONCE COURT
JACKSONVILLE, FL 32217	JACKSONVILLE, FL 32217

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:

DAVID D. LAST
Name

7507 PONCE COURT
Florida street address (P.O. Box **NOT** acceptable)

JACKSONVILLE   FL 32217
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

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

Name and Address:

MGRM

DAVID D LAST
7507 PONCE COURT
JACKSONVILLE, FL 32217

(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.)

DAVID D. LAST
_____
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)

Page 2 of 2