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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
SEP 14 2011
EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: DLS Truservice and 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:		
Donovan L. Smith Name of Person		
DLS Tree Service and Lawn Care, LLC Firm/Company		
1908 Olene's Lane Address		
Baker FL 32531 City/State and Zip Code		
SFI Cowbou 49 euchoo, com E-mail aldress: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Donovan Smith at (850) 342-4297 Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount: \$\frac{1}{25.00}\$ \text{ Filing Fee} \text{ \$\frac{1}{25.00}\$ \text{ Filing Fee & Certificate of Status} \text{ \$\frac{1}{25.00}\$ \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (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

ARTICLE I - Name:

The name of the Limited Liability Company is:

DLS TrueService and Lawn (Must end with the words "Limited Liability	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1908 Olene's Lane Baker FL 32531	HOS Olenis Lene Baker FL 32531
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registrous business entity with an active Florida registration.)	
The name and the Florida street address of the re-	egistered agent are:
Donovan L. Son	nith
1908 Olene's Lan Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
Baker	FL 32531

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)

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AMASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.) 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)