# L11000114156

(Requestor's Name)	
(Address)	
(Address)	<del></del>
(City/State/Zip/Phone #)	
PICK-UP WAIT N	<b>I</b> AIL
(Business Entity Name)	<u></u>
(Document Number)	
Certified Copies Certificates of Status	

Special Instructions to Filing Officer:

A. LUNT

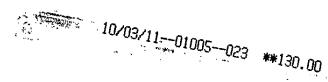
OCT - 5 2011

EXAMINER

Office Use Only



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# **COVER LETTER**

TO:	Registration Se Division of Con			
SUBJE	CT. Afford	able Quality Tre	e Care LLC	
SUBJE	C1		ted Liability Company	
The enc	losed Articles of	Organization and fee(s) are	submitted for filing.	
		ondence concerning this mat		
i icuse i	starti ali correspo	ondenee concerning this man	not to the following.	
[	<u>Daniel Sn</u>	nith		
	**3		Name of Person	
	Affordable	e Quality Tree C	are LLC	
_			Firm/Company	
	1215 NE	15th St		
_			Address	
	ocala, FL,	3//70		25 8 7
٢	vala, i L, v		ty/State and Zip Code	
C	laniel.smith	@gmail.com	•	Maria III
_			for future annual report notification)	
For furth	er information o	concerning this matter, pleas	e call:	<b>3</b>
Danie	l Smith		at ( 352 ) 484-6506	· •
-	Name o	f Person	Area Code & Daytime Telepho	ne Number
Enclose	d is a check for	r the following amount:		
<b>3125.00</b> 1	Filing Fee 🔽	\$130.00 Filing Fee & Certificate of Status	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 Circl Tallahassee, FL 32301	le

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

# Affordable Quality Tree Care 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:
1215 NE 15th St	1215 NE 15th St
Ocala, FL 34470	Ocala, FL 34470
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)  The name and the Florida street address of the re  Daniel Smith	red Agent. You must designate an individue of Anoth
Name	
1215 NE 15th St	
Florida street addre	ess (P.O. Box NOT acceptable)
Ocala, FL 34470	FL
City, State	e, 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	Name and Address:	Tu =
MGRM" Managing Member		R
Daniel Smith	1215 NE 15th St	
	Ocala, FL 34470	002
		<del> </del>
•		
		,
<del></del>		
(1)		
(Use attachment if necessary)		
LE V: Effective date, if other than the	date of filing:	(OPTIONAL
fective date is listed, the date must b	e specific and cannot be more tha	n five business days
days after the date of filing.)		
REQUIRED SIGNATURE:		
. 1		
(10,000)	- hi-th	
	<b>3</b> - 4 / 13	

(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.)

**Daniel Smith** 

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)