## L12000026700

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/Zip/Pflone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
_			

Office Use Only



300222426373

Series.

C. LEWIS
FEB 2 4 2012
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Timber Line Tree Service			
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:			
Joseph & Whyte Name of Person	_		
Timberline Tree Service Firm/Company	_		
5118 Studio Dr Address	_		
Zephythills Florida 33542  City/State and Zip Code  Than eg 4 6 hot mail com  E-mail address: (to be used for future annual report notification)	,		
For further information concerning this matter, please call:			
Acea Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status}\$\$  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)			
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Must end with the words "Limited Liability	ree Service, LLC y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5/18 Studio Dr Zephyrhills Florida	Same
33542	
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  Danielle Go  Name  5/18 Study  Florida street address  City, State	gistered agent are:  Arcia  O Dr  ess (P.O. Box NOT acceptable)
Having been named as registered agent and to acliability company at the place designated in the registered agent and agree to act in this capacity. statutes relating to the proper and complete pery accept the obligations of my position as registed.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

FILED

The name and address of each t	Manager or Managing Member is as follows: 201	
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	TAL	CRETARY OF STATE LAHASSEE, FLORID,
MG1R	90.seph & Why'k 5/18 Studio Or Zuphyrhill's F/ 33542	
<del></del>		
(Use attachment if necessary)  RTICLE V: Effective date, if other that an effective date is listed, the date me or 90 days after the date of filing.)	an the date of filing: 2.17-12 (Onust be specific and cannot be more than five busi	PTIONAL) iness days prior
REQUIRED SIGNATURE:		
(In accordance with secti	nomber or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this docum	nent
constitutes an affirmation I am aware that any false constitutes a third degree	n under the penalties of perjury that the facts stated herein are information submitted in a document to the Department of felony as provided for in s.817.155, F.S.)  OSLOD Whyk  Typed or printed name of signee	re true.
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)