

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD

MAR 12 2012

**EXAMINER** 



300221689983

02/15/12--01026--026 \*\*125.00

1,712/9381



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2012

MITCHELL HADLOCK 7610 ISABELLA DR APT 13G PORT RICHEY, FL 34668

SUBJECT: DRESS GREEN PROPERTY MAINTENANCE, LLC D/B/A TAMPA

**BAY LANDSCAPERS** 

Ref. Number: W12000009381

We have received your document for DRESS GREEN PROPERTY MAINTENANCE, LLC D/B/A TAMPA BAY LANDSCAPERS and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Gina McLeod Regulatory Specialist II

Letter Number: 112A00007282

		:
ARTICLES OF C	ORGANIZATION FOR FLOR	RIDA LIMITED LIABILITY COMPANY
ARTICLE I - Nat The name of the L.	me: .imited Liability Company is:	
DRESS GR	REEN PROPERTY M	AINTENANCE, LLC
M	lust end with the words "Limited Liability C	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Ac		pal office of the Limited Liability Company is
Principal Office A	Address: <u>M</u>	failing Address:
7610 ISABELLA D	<u>,                                      </u>	610 ISABELLA DR #13G
PORT RICHEY, F		ORT RICHEY, FL 4668
business entity with an	active Florida registration.)  Florida street address of the registration.  MITCHELL HADLOCK  Name  7610 ISABELLA DF  Florida street address	R #13G (P.O. Box NOT acceptable) 34668
liability compa registered agent a statutes relating	any at the place designated in this and agree to act in this capacity. I to the proper and complete perfor	ept service of process for the above stated limited certificate, I hereby accept the appointment as further agree to comply with the provisions of all mance of my duties, and I am familiar with and ed agent as provided for in Chapter 608, F.S
	(CONTINUE	<b>D</b> )

Page 1 of 2

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ARTICLE IV- Manager(s) or Ma	inaging Member(s):
The name and address of each Man	ager or Managing Member is as follows:
<u>Title:</u>	Name and Address:
"MGR" = Marager	
"MGRM" = Managing Member	
MGR	MITCHELL HADLOCK
	7610 ISABELLA DR #13G
	PORT RICHEY, FL 34668
	:
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	**************************************
<b>j</b> ·	
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(Use attachment if necessary)	
THE CLASS AND	
RICLE V: Effective date if other than the	ne date of filing: (OPTIONAL)
If an effective date is listed, the date must	be specific and cannot be more than five business days pri-
o or 90 days after the date of filing.)	
	:
<u>REOUIRED</u> SIGNATURE:	:
	1 1/1/1
	// H_///
Signature of a mem	ber or an authorized representative of a member.
7	77 (400/0) 77 (400/0)
(In accordance with section of	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.
I am aware that any false info	ormation submitted in a document to the Department of State
constitutes a third degree felo	ony as provided for in s.817.155, F.S.)
MITCHELL H	HADLOCK
	Typed or printed name of signee
· [	rypod or printed name or signed
Filing Fees:	
\$125,00 Filing Fee for Articles of Or	ganization and Designation
of Registered Agent	•
\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	
a procedurate of status (Otto)	(31)