

L12000035972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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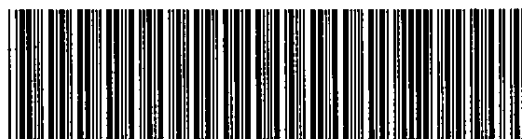
(Business Entity Name)

(Document Number)

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2012 MAR 13 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 14 2012

EXAMINER

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MURPHY'S LAWN CARE & LANDSCAPING, 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:

MR. JOHN MURPHY

Name of Person

Firm/Company

470 EAST 4TH STREET

Address

CHULUOTA, FL 32766

City/State and Zip Code

JMURPH1@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JOHN MURPHY

Name of Person

at ( 321 ) 689-3950

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & 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 Circle  
Tallahassee, FL 32301

2012 MAR 13 AM 10:45  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Certified Mail # 7011 1150 0002 2967 0943*

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**MURPHY'S LAWN CARE AND LANDSCAPING, 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:

470 EAST 4TH STREET  
CHULUOTA, FL 32766

#### Mailing Address:

470 EAST 4TH STREET  
CHULUOTA, FL 32766

### 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 and/or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JOHN MURPHY

Name

470 EAST 4TH STREET

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

CHULUOTA FL 32766

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)

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2012 MAR 13 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

JOHN MURPHY

470 EAST 4TH STREET

CHULUOTA, FL 32766

\_\_\_\_\_

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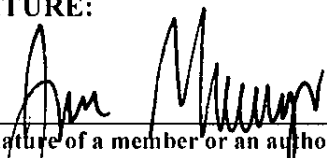
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(Use attachment if necessary)

**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.)

**JOHN MURPHY**

\_\_\_\_\_  
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)**

FILED  
2012 MAR 17 PM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA