

L12000086662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 2 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scarrett Lawn Service 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:

Christian M Scarlett

Name of Person

Scarrett Lawn Service LLC

Firm/Company

5381 Greenwood Drive,

Address

Delray Beach, FL 33484

City/State and Zip Code

cscarrett@hotmail.com

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

For further information concerning this matter, please call:

Christian M Scarlett

Name of Person

at (561) 441-2341

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Scarrett Lawn Service 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:

5381 Greenwood Dr.,
Delray Beach, FL 33484

Mailing Address:

5381 Greenwood Dr.,
Delray Beach, FL 33484

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 or another business entity with an active Florida registration.)

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

Christian M Scarrett

Name

5381 Greenwood Drive

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

Delray Beach, FL 33484 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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)

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

Christian M Scarrett
5381 Greenwood Dr.,
Delray Beach, FL 33484

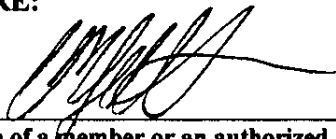
(Use attachment if necessary)

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TALLAHASSEE, FLORIDA

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.)

Christian M Scarrett

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)

Richard Santo, MS & Enrolled Agent
12431 Pleasant Green Way,
Boynton Beach, Florida 33437
Cell; 561-596-4611
Fax; 203-583-3963
Email; dicksanto@yahoo.com

Barbara Bostick
Regulatory Specialist
Florida Dept. of State; Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Ref; attached letter asking for name change on LLC

Dear Ms. Bostick,

I represent Christian M Scarrett who will be the Managing Member of the new company, Scarrett Lawn Service LLC. In response to your letter dated June 8, 2012, we have made a name change to avoid conflict with another name. As stated above it will be *Scarrett Lawn Service LLC*. We hope this will be acceptable. Thank you for your assistance.

Sincerely,

Richard Santo, Enrolled Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2012

CHRISTIAN M. SCARRETT
5381 GREENWOOD DRIVE
DELRAY BEACH, FL 33484

SUBJECT: SCARRETT LANDSCAPING CO., LLC
Ref. Number: W12000031373

We have received your document for SCARRETT LANDSCAPING CO., LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L11000096392,

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 012A00016264