

# L 12000089445

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

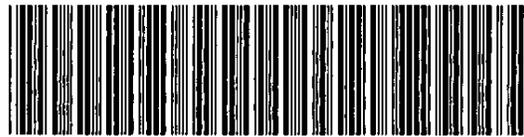
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500237096245

EFFECTIVE DATE  
7-1-2012

07/06/12--01006--020 \*\*125.00

FILED  
12 JUL -6 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
JUL 10 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MIKIE'S LAWN CARE, 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:

**Michael M. Percopo**  
Name of Person

\_\_\_\_\_  
Firm/Company

**319 Velveteen Place**  
Address

**Orlando, FL 32766**  
City/State and Zip Code

**Michaelpercopo@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Michael M. Percopo** at (**407**) **913-0622**  
Name of Person 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

EFFECTIVE DATE  
7-1-2012

**ARTICLES OF ORGANIZATION  
FOR  
MIKIE'S LAWN CARE, LLC  
a Florida Limited Liability Company**

FILED  
12 JUL -6 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I**

Name

The name of this Company shall be: Mikie's Lawn Care, LLC.

**ARTICLE II**

Duration

The term of existence of the Company shall commence on **JULY 1, 2012** and shall be perpetual.

**ARTICLE III**

Purpose

The purpose for which this Company is organized is to conduct any and all lawful business.

**ARTICLE IV**

Mailing & Street Address

The mailing address is 319 Velveteen Place, Oviedo, FL 32766. The street address is 319 Velveteen Place, Oviedo, FL 32766.

## **ARTICLE V**

### **Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: MICHAEL M. PERCOPO, 319 Velveteen Place, Oviedo, FL 32766.

## **ARTICLE VI**

### **Admission of Additional Members**

Additional Members may be admitted only in the manner provided in the Operating Agreement of this Company.

## **ARTICLE VII**

### **Management by Managers**

The Company will be a manager-managed company. The name and address of the initial Managing Member is:

MICHAEL M. PERCOPO  
319 Velveteen Place  
Oviedo, FL 32766

## **ARTICLE VIII**

### **Regulations of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

## **ARTICLE X**

### **Transferability of Member's Interest**

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of this Company.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 3 day of July, 2012.

  
\_\_\_\_\_  
MICHAEL M. PERCOPO

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, I, MICHAEL M. PERCOPO 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 in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
MICHAEL M. PERCOPO

7/3/2012  
DATE