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EXAMINER



400238747004

08/23/12--01005--004 **125.00



COVER LETTER,

TO: Registration Section Division of Corporations	
SUBJECT: Lawn Care Solu	utions of Amelia, LLC
	of Limited Liability Company
The enclosed Articles of Organization and f	of Limited Liability Company ee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Sean Gossett	
	Name of Person
Lawn Care Solutio	
	Firm/Company
96027 Theron Cou	r t
	Address
Fernandina Beach, F	L 32034
	City/State and Zip Code
sean.springhillbc@com	ncast.net be used for future annual report notification)
For further information concerning this matt	er, piease can.
Sean Gossett	at (904) 206-1849
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following am	iount:
\$125.00 Filing Fee \$130.00 Filing F Certificate of S	L
Mailing Address Registration Section Division of Corporate P.O. Box 6327 Tallahassee, FL 3	orations Division of Corporations Clifton Building

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

awn Care Solutions of Amelia, 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:	Mailing Address:
96027 Theron Court	same
Fernandina Beach, FL 32034	
•	

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:

Sean Gossett	
Name	
96027 Theron (Court
Florida street ad	dress (P.O. Box NOT acceptable)
Fernandina Beach	_{FL} 32034
. City, St	tate, 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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	ber
MGR	Sean Gossett
	96027 Theron Court
	Fernandina Beach, FL 32034
(Use attachment if necessary)
TFV. Effective date if other	than the date of filing: (OPTIONA
ffective date is listed, the date	e must be specific and cannot be more than five business day
days after the date of filing.)	
REQUIRED SIGNATURE	:
	ParadMI 11 st

(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

Signature of a member or an authorized representative of a member.

constitutes a third degree felony as provided for in s.817.155, F.S.)

Sean G. Gossett

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)