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2013 MAR 28 AM II: 51
SECRETARY OF STATE

B. BOSTICK
MAR 2 9 2013
EXAMINER

### **COVER LETTER**

TO: **Registration Section Division of Corporations** Ron Den 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: Ronnel Williams Name of Person Ron Den Lawn Care, LLC 302 Montego Court, SE Winter Haven, FL 33884 City/State and Zip Code Ronnel5264@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ronnel Williams Area Code & Daytime Telephone Numbe Name of Person Enclosed is a check for the following amount: ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, **□**\$125.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	mpany is:			
Ron Den. Lawn Care, LLC				
(Must end with the words "l	Limited Liability Company, "L.L.C.," or "LLC.")		•	
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited L	iability C	ompar	ny is:
Principal Office Address:	Mailing Address:			
302 Montego Court, SE	302 Montego Court, SE			
Winter Haven, FL 33884	Winter Haven, FL 33884	N	-	
	Ronnel Williams	₽S	20	
	Name	LLA	2013 MAR	
	302 Montego Court, SE	CRETARY AHASSEI	AR 2	77
Flori	ida street address (P.O. Box NOT acceptable)	SEY YES	28	
Wi	nter Haven <sub>F</sub> FL 33884	(, d		
	City, State, and Zip	LORIE	<del>  :</del> 5	Û

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
Manager/Owner	Ronnel Williams		
	302 Montego Court, SE		
	Winter Haven, FL 33884		
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		2013 M SECE	_
	***	<u>S</u> 28	-
		<u> </u>	
(Use attachment if necessary)		AM II:	
(Ose attachment if necessary)		~~~ .n	
ICLE V: Effective date, if other than the	date of filing:	(OPTIONAL	)
	T	five business	d
effective date is listed, the date must	be specific and cannot be more than	iive business	
n effective date is listed, the date must	be specific and cannot be more than		
n effective date is listed, the date must to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	l William	_	
n effective date is listed, the date must r to or 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608, constitutes an affirmation under t I am aware that any false information or constitutes are that any false information under the section formation under the section under the section under the section formation under the section unde	or an authorized representative of a member 408(3), Florida Statutes, the execution of this doctation submitted in a document to the Department as provided for in s.817.155, F.S.)	cument	
REQUIRED SIGNATURE:  Signature of a member  (In accordance with section 608, constitutes an affirmation under to 1 am aware that any false information constitutes a third degree felony.	or an authorized representative of a member 408(3), Florida Statutes, the execution of this doctor be penalties of perjury that the facts stated hereination submitted in a document to the Department	cument	

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)