

04/23/2013 08:27 3053339696

EMPIRE CORP

PAGE 02/05

Division of Corporations

L130000059476

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

61271

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000903863)))



H130000903863ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

Effective Date

4/22/13

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

RECEIVED  
13 APR 23 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
MITCHELL'S LAWN MAINTENANCE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

FILED  
13 APR 22 PM 1:28  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Re-Submitting with new name

Electronic Filing Menu

Corporate Filing Menu

Help

APR 24 2013



April 23, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: MITCHELL'S LAWN MAINTENANCE, LLC

REF: W13000023574

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

The document number of the name conflict is M59279 (MITCHELL'S LAWN MAINTENANCE CORP).

If you have any further questions concerning your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

FAX Aud. #: N13000090386  
Letter Number: 713A00009678

P.O. BOX 6327 - Tallahassee, Florida 32314

RECEIVED  
APR 23 AM 9:48  
TALLAHASSEE, FLORIDA

Effective Date 4/22/13

H13000090386

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

Date: April 22, 2013

**ARTICLE I - NAME:**

The name of the Limited Liability Company is:

**MITCHELL'S LAWN, LLC**

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the  
Limited Liability Company is:

707 ANASTASIA AVENUE  
CORAL GABLES, FL 33134

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &  
REGISTERED AGENT'S SIGNATURE:**

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

**ADRIANA LEPEZ DA PENA**  
Name

**770 ANASTASIA**  
Florida Street Address

**CORAL GABLES, FLORIDA 33134**  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 22 PM 1:28

-continued-

H13000090386

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  
ADRIANA LEPEZ DA PENA

#### **ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be considered a multiple manager LLC and is therefore a MULTIPLE MANAGER LLC company. The name and address of each initial MANAGER or MANAGER MEMBER is as follows:

**Title:**  
Member/Manager

**Name and Address:**  
ADRIANA LEPEZ DA PENA  
707 ANASTASIA AVENUE  
CORAL GABLES, FL 33134

Member/Manager

ELSA GELMAN  
707 ANASTASIA AVENUE  
CORAL GABLES, FL 33134

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 22 PM 1:28

H13000090386

**ARTICLE V - BUSINESS DEDUCTIONS**

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

**ARTICLE VI - EFFECTIVE DATE**

The effective date of the Limited Liability Company shall be: APRIL 22, 2013.

  
\_\_\_\_\_  
Signature of 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

  
\_\_\_\_\_  
ADRIANA LEPEZ DA PENA  
Member/Manager of LLC

April 22, 2013

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 22 PM 1:28

H13000090386