L13000082991

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only

JUN 08 2013 B. KOHR



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05/23/13--01021--006 **185.00

EFFECTIVE DATE G 12013





FLORIDA DEPARTMENT OF STATE **Division of Corporations**

May 24, 2013

DAVID BYRNES BYRNES LANDSCAPING, LLC 982 S.W. BELLEVUE AVENUE PORT ST. LUCIE, FL 34953

SUBJECT: BYRNES LANDSCAPING, LLC

Ref. Number: W13000030585

We have received your document for BYRNES LANDSCAPING, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The conversion laws cannot be used to convert a sole proprietorship into an LLC.

Instead of using the conversion forms, you would simply file Articles of Organization to become a limited liability company.

If this is what you want to do, please return only the Articles of Organization document. The fees required to file an LLC and to obtain a certified copy and a status certificate would total \$160.00.

When you return your articles, please also include a note requesting a refund of your \$25.00 overpayment. Tell us to whom the refund check should be made payable, and tell us the name and adddress to which the check must be mailed. And please sign your refund request.

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.

Buck Kohr Regulatory Specialist II

Letter Number: 513A00013180

COVER LETTER

TO:	Registration Section Division of Corporations				EFFECTIVE DATE COLL
SUBJ	ECT: BYRNES LANDSCA	PING,	LLC		
			ing Florida Lim	ited	Company)
					n, and fees are submitted to convert an any" in accordance with s. 608.439, F.S.
Please	e return all correspondence concern	ning thi	s matter to:		
DAV	ID BYRNES				
	(Contact Person)				
BYRI	NES LANDSCAPING, LLC				
· ·	(Firm/Company)				
982 9	SW BELLEVUE AVENUE				
	(Address)				5 7
POR	T ST LUCIE, FL 34953				
	(City, State and Zip Cod	e)			
byrne	eslandscaping@comcast.net				
E-mail	address: (to be used for future annual rep	ort notifi	cations)		
For fu	arther information concerning this	matter,	please call:		
DAV	D BYRNES	at	(772	20	04-3715
	(Name of Contact Person)			and I	Daytime Telephone Number)
Enclo	sed is a check for the following an	nount:			
\$25 fc \$125 &	O Filing Fees and Certificate of Status Status		30.00 Filing Fee I Certified Copy		\$185.00 Filing Fees, Certified Copy, and Certificate of Status
STRE	EET ADDRESS:		MAILI	NG	ADDRESS:
_	Registration Section Registration				
	Division of Corporations Division Clifton Building P. O. Bo			Corporations	
	n Building Executive Center Circle				327 ; FL 32314
	nassee, FL 32301				, -

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•					
ARTICLE I - Name: The name of the Limited Liability Company is:	EFFECTIVE DATE COLUMN 2013				
BYRNES LANDSCAPING, LLC					
(Must end with the words "Limited Liability Company, the abbreviation "L.L.C.," or the designation "LLC.")					
ARTICLE II - Address:	Fig. F.				
The mailing address and street address of the prin	ncipal office of the Limited Liability Company				
Principal Office Address:	Mailing Address:				
982 SW BELLEVUE AVENUE	982 SW BELLEVUE AVENUE				
PORT ST LUCIE, FL 34953	PORT ST LUCIE, FL 34953				
The name and the Florida street address of the rep <u>DAVID BYRNES</u>	gistered agent are: Name				
982 SW BELLEVUE	AVENUE				
Florida street address (P.O. Box NOT acceptable)					
PORT ST LUCIE FL 34953					
City, State, and Zip					
company at the place designated in this certificate, agree to act in this capacity. I further agree to con	rept service of process for the above stated limited liability I hereby accept the appointment as registered agent and apply with the provisions of all statutes relating to the dI am familiar with and accept the obligations of my apter 608, F.S				
- Ou	I Dyn				
Registered As	genr's Signature (REOUIRED)				

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managin	g Member
MGR	DAVID BYRNES
	982 SW BELLEVUE AVE
	PORT ST LUCIE, FL 34953
	
<u></u>	

(Use attachment if ne	cessary)
ARTICLE V: Effective da	te, if other than the date of filing: (OPTIONAL)
	not be prior to nor more than 90 days after the date this document is filed by f State; <u>AND</u> 2) must be the same as the effective date listed in the attached
	if an effective date listed therein.)
REQUIRED SIGNATUR	E:
	Oct Byn
	UV Ryn
Signature of a	member or an authorized representative of a member.
the penalties of perjury th	on 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under that the facts stated herein are true. I am aware that any false information submitted in a sent of State constitutes a third degree felony as provided for in s.817.155, F.S.)
DAVID BY	'RNES
	Typed or printed name of signee