## 413000094521

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT   MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	JUL = 2 2013 A. LUNT

Office Use Only

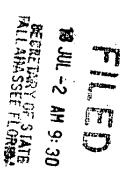


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RECEIVED

13 JUL -2 PHI2: 32



(850) 245-6051.

## **COVER LETTER**

TO:	Registration S Division of Co			,	
SUBJE	ст: <u>We</u> c	thers poon Lo	d Liability Company		
The encl	losed Articles of	Organization and fee(s) are s	ubmitted for filing.		
Please re	eturn all corresp	ondence concerning this matte	er to the following:		
(	Clyde L	Jeatherspoon	Name of Person		
<u>_1</u>	Woathe	erspoon Law	Care Firm/Company	ARCHAEL ARCHAEL	
_	1751 R	ichbay Road	Address	ASSET F	
<del>-</del>	Havana	z, F1 3233	23 v/State and Zip Code	9: 37	
Felicia 2005/987@ hotmail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Clyd	c Weeth	enspan JR of Person	at ( <u><b>850</b></u> ) <u>405-16</u> Area Code & Daytime Teleph	none Number	
Enclose	ed is a check f	or the following amount:			
<b>\$</b> \$125.0	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 Ci Tallahassee, FL 32301	ircle	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Weatherspoon Lawn Ca (Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.") · ·
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1751 Richbay Road 17: Havara, Fl 32833	SRichbay Road Havana, Fl 3283
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or supplier
The name and the Florida street address of the re	
Clyde weath	KLZUKOU IK 100 JE 100 J
1751 Richbay Roa Florida street add	
Havana City, Sta	FL <b>32333</b> ate, 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

## 

REQUIRED SIGNATURE:

prior to or 90 days after the date of filing.)

Signature of a 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Clyde Weathers poon JR
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)