# L13000135287

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
·		
Certified Copies Certificates of Status		
[		
Special Instructions to Filing Officer:		

Office Use Only



200250666042

09/23/13--01019--016 \*\*130.00

FILED
RECKTARY OF STATE

N. Gulligan SEP 2 5 2013

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: YOUNG FAMILY 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:
TINA YOUNG Name of Person
YOUNG FAMILY LAWN CARE, LLO
1970 SOUTHLAND AVE
MELBOURNE, FL. 32935 City/State and Zip Code
JOHNSWIFE 420 @ GMAIL, COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TINA YOUNG at (321), 557 4124  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status
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 Company is:

(Must end with the words "Limited Liability Company, "L.L.C.,

#### **ARTICLE II - Address:**

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

#### **Principal Office Address:**

#### Mailing Address:

### 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:

1ELBOURNE FL 32935 City, State, 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

The name and address of each Manager	or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	DOMINIQUE YOUNG 1970 SOUTHLAND AVE MELBOURNE FL. 32935
MGRM	DERRICK WARD 1962 SOUTHLAND AVE MELBOUR NE FI 32935
(Use attachment if necessary)	
(If an effective date is listed, the date must be	ate of filing: (OPTIONAL)  be specific and cannot be more than five business days
prior to or 90 days after the date of filing.)  REQUIRED SIGNATURE:	FILE SECULORIANS SECULORIANS INITIALIANS SECULORIANS S
	or an authorized representative of a member.
	08(3), Florida Statutes, the execution of this document e penalties of perjury that the facts stated herein are true.

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

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)

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.)

Young
Typed or printed name of signee