L13000138397

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·





200252094022

200252094022 09/30/13--01046--006 **130.00

OCT - 1 2013 T CLINE SLEGGIANY DE STATE
SLEGGIANASSEE, FLORIDA

COVER LETTER

Name of Limited Liability Company

TO: **Registration Section Division of Corporations** Corbett Tree Service

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry Corbett Name of Person Corbett Tree Service Firm/Company 3504 Lisa Lane Address Lakeland, FL 33801 City/State and Zip Code corbetttreeservice@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: arry Corbett. Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

■\$125.00 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 Circle Tallahassee, FL 32301

'ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Carbett Tree Service UCC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3504 Lisa Lane	3504 Lisa Lane
Lakeland, FL 33801	Lakeland, FL 33801
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the	tered Agent. You must designate an individual or another
Larry Corbett Name	
Name	•
3504 Lisa Lane	Was a Nome and A
	Idress (P.O. Box <u>NOT</u> acceptable)
Lakeland, FL 33801	FL
City, S	tate, and Zip
liability company at the place designated in registered agent and agree to act in this capa all statutes relating to the proper and comple	accept service of process for the above stated limited this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of the performance of my duties, and I am familiar with registered agent as provided for in Chapter 608, F.S
1-me Char	
Registered Agent's Sign	ature (REQUIRED)
(CONTI	
Page 1 o	nf2 ⇒ ¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬¬

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

The name and address of each Manager or Managing Member is as follows:

<u> Fitle:</u>	Name and Address:
'MGR" = Manager	1
'MGRM" = Managing Member	
MGRM	Larry Corbett
	3504 Lisa Lane
	Lakeland, FL 33801
,1196	and the state of t
LE V: Effective date, if other t	than the date of filing: 9/24/2013
LE V: Effective date, if other to	te must be specific and cannot be more than five busine
LE V: Effective date, if other to	te must be specific and cannot be more than five busine
LE V: Effective date, if other to effective date is listed, the date or 90 days after the date of fine the date of	te must be specific and cannot be more than five busine illing.)
LE V: Effective date, if other to ffective date is listed, the date or 90 days after the date of fine the date of fine the date of fine the date.	te must be specific and cannot be more than five busine
LE V: Effective date, if other to a fective date is listed, the date or 90 days after the date of fine response to the secondance with seconstitutes an affirmat 1 am aware that any fa	te must be specific and cannot be more than five busine illing.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other to a fective date is listed, the date or 90 days after the date of fine response to the secondance with seconstitutes an affirmat 1 am aware that any fa	te must be specific and cannot be more than five busine illing.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other to a fective date is listed, the date or 90 days after the date of fine the date of fine accordance with seconstitutes an affirmat I am aware that any faconstitutes a third deg	te must be specific and cannot be more than five busine illing.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.)
LE V: Effective date, if other to ffective date is listed, the date or 90 days after the date of fine response to the date of fine r	a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Typed or printed name of signee
LE V: Effective date, if other to a fective date is listed, the date or 90 days after the date of fine the date of fine accordance with seconstitutes an affirmat I am aware that any faconstitutes a third deg	te must be specific and cannot be more than five busine illing.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. Is information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Typed or printed name of signee
LE V: Effective date, if other to ffective date is listed, the date or 90 days after the date of fine REQUIRED SIGNATURE: (In accordance with se constitutes an affirmat 1 am aware that any fa constitutes a third deg Larry Corbett Filing Fees:	te must be specific and cannot be more than five busine illing.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Typed or printed name of signee
effective date is listed, the date of five or 90 days after the date of five response of the r	te must be specific and cannot be more than five busine illing.) a member or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.) Typed or printed name of signee