

L13000142503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

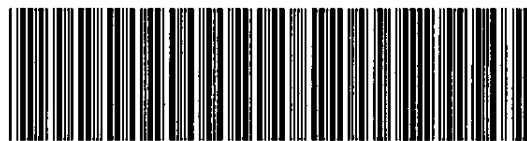
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/07/13--01009--030 **160.00

OCT - 9 2013

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

2013 OCT - 7 AM 10:05

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W13-55885



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2013

RONALD KEITH WRIGHT
5935 SR 542 W.
WINTER HAVEN, FL 33880

SUBJECT: TROPICAL LAWN & PEST CONTROL, LLC
Ref. Number: W13000055885

We have received your document for TROPICAL LAWN & PEST CONTROL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on October 7, 2013. Please amend your document accordingly.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 413A00023586

2013 OCT -7 PM 0:05

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(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPICAL LAWN & PEST CONTROL, 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:

Ronald Keith Wright

Name of Person

Tropical Lawn & Pest Control, LLC

Firm/Company

5935 SR 542 W

Address

Winter Haven, FL 33880

City/State and Zip Code

rwright@tropicallawnandpest.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald Keith Wright

Name of Person

at (863) 287-3348

Area Code & Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TROPICAL LAWN & PEST CONTROL, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

5935 SR 542 W

Winter Haven, FL 33880

Mailing Address:

5935 SR 542 W

Winter Haven, FL 33880

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:

Ronald Keith Wright

Name

5935 SR 542 W

Florida street address (P.O. Box NOT acceptable)

Winter Haven, FL 33880

City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Ronald Keith Wright
151 Hartridge Hills Court
Winter Haven, FL 33881

MGRM

Michael Howard Perkins, Jr.
1149 Shady Cove Road, E.
Haines City, FL 33844

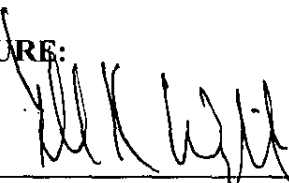
MGRM

Kenneth Michael Weber
8006 Lake Lowery Road
Haines City, FL 33844

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/01/2013 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Ronald Keith Wright

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)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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