

L14000033562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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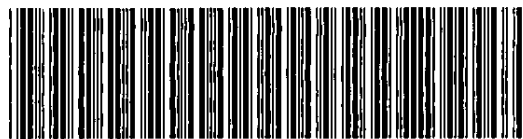
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 FEB 27 PM 11:17  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

FILED  
14 FEB 27 AM 11:29  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

T. Burch FEB 27 2014

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M.S Leaf It to US 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:

Michael A Stinnett  
Name of Person

M.S Leaf It to US  
Firm/Company

419 SE Happy Valley Gln  
Address

High Springs FL 32643  
City/State and Zip Code

Super10MAN26@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anita C. Herrera at ( 352 ) 538-5800  
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M.S. Leaf It to US 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:

419 SE Happy Valley, Gln  
High Springs FL 32643

Mailing Address:

419 SE Happy Valley, Gln  
High Springs FL 32643

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:

DANIEL MONROE Sims  
Name  
2287 SW 9th 138  
Florida street address (P.O. Box NOT acceptable)  
ft white FL FL 32038  
City Zip

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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 605, F.S.

Daniel Monroe Sims  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

mgr

**Name and Address:**

DANIEL M. SIMS  
2287 SW C/R 138  
FT. WHITE FL 32038

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2-27-2014 (OPTIONAL) **SECRETARY OF STATE**  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 days after the date of filing.) **TALLAHASSEE, FLORIDA**

**ARTICLE VI:** Other provisions, if any.

none

**REQUIRED SIGNATURE:**

Michael Starnett

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

M. Starnett

Typed or printed name of signer

**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)