

#L1400004/263

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TO AGENCY OF  
SUFFICIENCY OF FILING

2014 MAR 11 PM 1:17

DEPARTMENT OF  
CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 MAR 11 AM 9:09

FILED

K. SALY  
EXAMINER

MAR 12 2014

Brittany Williams  
Requester's Name

1882 Capital Circle NE #102  
Address

Tallahassee, FL 32308  
City/State/Zip Phone

(877-6362)

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
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(Corporation Name) (Document #)
5. \_\_\_\_\_  
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☐ Certified copy

☐ Certificate of Status

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NORTHSIDE MOWER, 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:**

**Mailing Address:**

ROBERT YAKIN JR  
3320 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

ROBERT YAKIN JR  
3320 NORTH MONROE STREET  
TALLAHASSEE, FL 32303

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

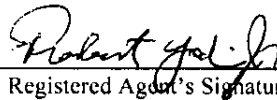
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

ROBERT YAKIN JR  
Name  
3320 NORTH MONROE STREET  
Florida street address (P.O. Box **NOT** acceptable)  
TALLAHASSEE FL 32303  
City Zip

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SECRETARY OF STATE

*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.*



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

AMBR/MGMR

**Name and Address:**

ROBERT YAKIN JUNIOR

3320 NORTH MONROE STREET

TALLAHASSEE, FL 32303

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(Use attachment if necessary)

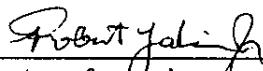
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**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.)

\_\_\_\_\_  
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)**