

L14000090659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

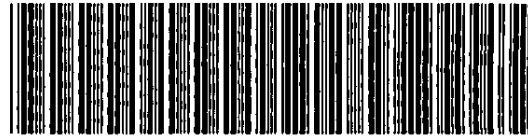
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W4-32630

Office Use Only



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2014 JUN -2 PM 4:40
TALLAHASSEE, FLORIDA
U.S. DEPARTMENT OF JUSTICE
OFFICE OF THE ATTORNEY GENERAL

JUN 05 2014

J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2014

TABITHA FOSTER
PO BOX 563
SILVER SPRINGS, FL 34489

SUBJECT: B&T LANDSCAPING & MOWING LLC
Ref. Number: W14000032630

We have received your document for B&T LANDSCAPING & MOWING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 514A00011255

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B2T Landscaping & Mowing 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:

Tabitha Foster

Name of Person

Firm/Company

PO Box 563

Address

Silver Springs FL 34489

City/State and Zip Code

b2tlandscapingllc@yahoo.com

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

For further information concerning this matter, please call:

Tabitha Foster

Name of Person

at (352) 454-6293

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B2T Landscaping & Mowing 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:

2800 NE 43 Pl
PO Box 563
Silver Springs, FL 34489
Ocala, FL 34479

Mailing Address:

PO Box 563
Silver Springs FL 34489

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:

Tabitha Foster
Name
2800 NE 43 Pl
Florida street address (P.O. Box **NOT** acceptable)
Ocala City FL 34479 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 605, F.S..

Tabitha Foster

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF CIRCUIT COURT
HILLSBORO COUNTY FLORIDA

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

AmBR

Name and Address:

Tabitha Foster

PO Box 563

Silver Springs, FL 34489

Brian Foster

PO Box 563

Silver Springs, FL 34489

(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:

Tabitha Foster

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.)

Tabitha Foster

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)

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2014 JUN -2 PM 4:40

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