

L14000127445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

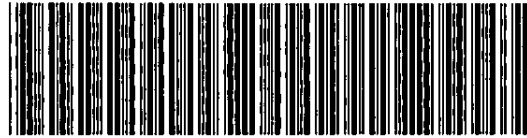
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400262739914

400262739914
08/13/14--01023--006 **130.00

FILED
14 AUG 13 AM 10:14
SECRETARY OF STATE
FALLS CHURCH, VIRGINIA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Grassified Lawn Care 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:

Zulma M Cruz
Name of Person

Firm/Company

3046 Eagle Crossing Dr
Address

Kissimmee Fla 34746
City/State and Zip Code

zulma.m.rivera@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zulma M Cruz at (570) 856-7788
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

Grassified Lawn Care 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:

3046 Eagle Crossing Dr
Kissimmee Fla 34746

3046 Eagle Crossing Dr
Kissimmee Fla 34746

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:

Zulma M Cruz

Name

3046 Eagle Crossing Dr

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

Kissimmee

FL 34746

City

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.

Zulma Maria Cruz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
14 AUG 13 AM 10:14
STONY CREEK TAPE
MAIL ROOM

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:

Carlos R Cruz

3046 Eagle Crossing Dr

Kissimmee Fla 34746

AMBR

Zulma M Cruz

3046 Eagle Crossing Dr

Kissimmee Fla 34746

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 12, 2014 (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:

Zulma Maria Cruz

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.)

Zulma M Cruz

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)

14 AUG 13 AM 10:14
FILED
CLERK OF COURT
STATE OF FLORIDA
COUNTY OF OSCEOLA