

L14000132209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

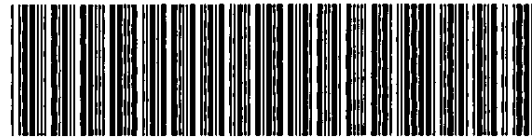
(Business Entity Name)

(Document Number)

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

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400262246554

08/21/14--01008--004 \*\*72.50

400262246554  
07/31/14--01020--006 \*\*87.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 AUG 21 PM 4:02

AUG 22 2014  
J. HARRIS

~~14 AUG 21 PM 4:02~~

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Blake's Lawn & Landscaping**  
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:

Blake Campbell  
Name of Person

Blake's Lawn & Landscaping  
Firm/Company

9139 Ruger Dr  
Address

New Port Richey, FL 34655  
City/State and Zip Code

mowing101@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Blake Campbell at ( 813 ) 714-5500  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2014

BLAKE CAMPBELL  
9139 RUGER DR  
NEW PORT RICHEY, FL 34655

SUBJECT: BLAKE'S LAWN & LANDSCAPING, LLC  
Ref. Number: W14000047582

We have received your document for BLAKE'S LAWN & LANDSCAPING, LLC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You submitted the incorrect documents to our office for filing.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 714A00016681

FILED  
14 AUG 18 AM 11:15  
TALLAHASSEE, FL 32314

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14 AUG 21 PM 4:02  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Blake's Lawn & Landscaping, 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:

9139 Ruger Dr  
New Port Richey, FL 34655

9139 Ruger Dr  
New Port Richey, FL 34655

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:

Blake Campbell  
Name

9139 Ruger Dr  
Florida street address (P.O. Box NOT acceptable)

New Port Richey FL 34655  
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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

**Name and Address:**

Blake Campbell

9139 Ruger Dr

New Port Richey, FL 34655

MGR

KANDACE CAMPBELL

9139 RUGER DR

NEW PORT RICHEY, FL 34655

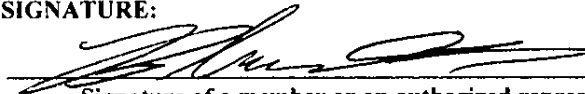
(Use attachment if necessary)

**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.)

Blake Campbell

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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