

#L14000153387

(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:

W14-57382 Sign

Office Use Only



200264240752

09/15/14--01011--004 \*\*125.00

EFFECTIVE DATE  
9-10-2014

FILED  
2014 SEP 15 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT -1 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 18, 2014

DAVID M BROWN  
3901 9TH ST. SW  
LEHIGH ACRES, FL 33976

SUBJECT: SWFL LAWNOWNER PULLERS, LLC.  
Ref. Number: W14000057382

We have received your document for SWFL LAWNOWNER PULLERS, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 314A00020092

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SWFL Lawnmower Pullers, 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:

David M. Brown

Name of Person

Firm/Company

3901 9th St SW

Address

Lehigh Acres, Florida 33976

City/State and Zip Code

swflawnmowerpullers@gmail.com

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

For further information concerning this matter, please call:

David Brown

Name of Person

at ( 239 )

Area Code

322-7027

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:

EFFECTIVE DATE  
9-10-2014

SWFL Lawnmower Pullers, 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:

3901 9th St SW Lehigh Acres, FL 33976

3901 9th St SW Lehigh Acres, FL 33976

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:

David M. Brown

Name

3901 9th St SW

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

Lehigh Acres

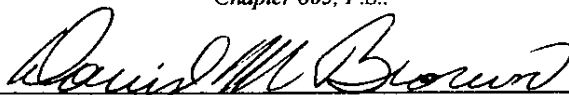
FL 33976

City

Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

AMBR

AMBR

**Name and Address:**

David M. Brown  
3901 9th St SW  
Lehigh Acres, FL 33976

Mike Fort  
17251 Frank Rd  
Alva, FL 33920

William F. Kovacs  
6026 Pompano St.  
Fort Myers, FL 33919

FILED  
2014 SEP 15 PM 3:04  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

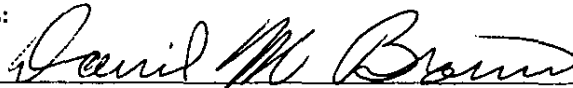
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 10, 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:**



**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.)

David M. Brown

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)**