## LI 5000032054

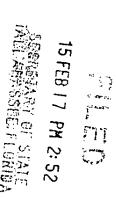
(Re	equestor's Name)	
(Ad	ldress)	<u>.</u>
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	-

Office Use Only



400269329014

02/17/15--01014--014 \*\*125.08



## **COVER LETTER**

TO:

Registration Section

Division of Corporations		
CUB IECT. Astadiatal and Castina Phys. L.C.		
SUBJECT: Interlight Lawn Service Plus LLC Name of Lir	nited Liability Company	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this m	natter to the following:	
Tim Dampier		
	Name of Person	
	Firm/Company	
3901 NW 21st Ter	Address	
Gainesville, FL 32605	City/State and Zip Code	
tim.dampier2134@gmail.com		
	d for future annual report notifica	ition)
For further information concerning this matter, ple	ase call:	
at (	)	
Name of Person	Area Code Daytime Tel	lephone Number
Enclosed is a check for the following amount:		
✓ \$125.00 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 Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
Interlight Lawn Service Plus LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal offi	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3901 NW 21st Ter Gainesville, FL 32605	Same
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	egistered Agent. You must designate an individual or
The name and the Florida street address of the registered a	gent are:
Tim Dampier	
Name	
3901 NW 21st Ter Florida street address (P.O. Box 1	NOT acceptable)
Gainesville, FL 32605	FL
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	tice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this full statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S
Registered Agent's Signatu	TO (PROTURED)
Kegistered Agent's Signatu	
(CONTINUE	EB 17
Page I of 2	PH 2:52

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Tim Dampier
	3901 NW 21st Ter
	Gainesville, FL 32605
(Use attachment if necessary)	
E V: Effective date, if other than ective date is listed, the date may	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date must filling.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any.	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date must filling.) E VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date man of filing.)  E VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date man of filing.)  E VI: Other provisions, if any.	st be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date must filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	est be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date must filling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	est be specific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than ective date is listed, the date must filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	of a member or an authorized representative of a member.
E V: Effective date, if other than ective date is listed, the date may of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature (In accordance with seed to be a seed t	of a member or an authorized representative of a member.
E V: Effective date, if other than ective date is listed, the date man of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirma	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than ective date is listed, the date man of filing.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirma I am aware that any factors.)	of a member or an authorized representative of a member. ection 605,0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of party that the facts stated herein are true. lise information submitted in a document to the Department of States are fellows as provided for in \$ 817, 155, F.S.)
E V: Effective date, if other than ective date is listed, the date may filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirma I am aware that any factors.)	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than ective date is listed, the date may filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirma I am aware that any factors.)	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of States are felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than ective date is listed, the date may filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirma I am aware that any factors.)	of a member or an authorized representative of a member. ction 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of States, tree felony as provided for in s 817 155 F.S.)
E V: Effective date, if other than ective date is listed, the date may filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirma I am aware that any factors.)	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of States are felony as provided for in s.817.155, F.S.)
E V: Effective date, if other than ective date is listed, the date may filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirma I am aware that any factors.)	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of Statutes are felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
E V: Effective date, if other than ective date is listed, the date may filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third degree in the seconstitutes at the seconstitutes and the seconstitutes at the seconstitut	of a member or an authorized representative of a member. ection 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of Statutes are felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees:
E V: Effective date, if other than ective date is listed, the date may filling.)  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature  (In accordance with seconstitutes an affirmal I am aware that any faconstitutes a third degree in the constitutes at the constitutes and the constitutes at the constitute	of a member or an authorized representative of a member. cotion 605.0203 (1) (b), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are true. lse information submitted in a document to the Department of States ree felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: es of Organization and Designation of Registered Agent

ARTICLE IV-