L15000036218

(Requestor's Name)		
(Add	dress)	
•	·	
(Address)		
(0:	(0)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nai	me)
(Doc	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





900269142019

02/19/15--01014--008 **125.00

15 FEB 19 PM 4: 05
SECRL PARY OF STATE
TALLAHASSEE, FLORIDA

T. BUREN FEB 2 6 2015

JOHN A. SHAHAN

Trial Attorney
536 E. Tarpon Ave., Suite 3
Tarpon Springs, Florida 34689
Telephone: (727) 934-7265
shahanlaw@tampabay.rr.com

CONSUMER LAW CRIMINAL LAW

ANIMAL LAW FORECLOSURE LAW

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 February 13, 2015

SUBJECT: KOSTAKIS TREE CARE, LLC.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following: John A. Shahan, Esquire 536 E. Tarpon Ave. Suite 3 Tarpon Springs, FL 34689 727-934-7265

Enclosed is a check for following amount:

\$125.00 Filing Fee

JOHN A SHAHAN, ESQUIRE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

KOSTAKIS TREE CARE LLC

ARTICLE II

The street address of the principal office of the Limited Liability Company is:

3605 BLUEBELL LANE HOLIDAY, FL 34691

The mailing address of the Limited Liability Company is:

3605 BLUEBELL LANE HOLIDAY, FL 34691

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

prune trees, trim trees, tree removal, stump removal, and any and all other lawful business needed to ensure healthy attractive safe trees for our customers.

ARTICLE IV

The name and Florida street address of the registered agent is:

DIMITRI KOSTAKIS 3605 BLUEBELL LANE HOLIDAY, FL 34691

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.

REGISTERED AGENT SIGNATURE:

DIMITRI KOSTAKIS

ARTICLE V

The name and address of the Managing Member is:

DIMITRI KOSTAKIS 3605 BLUEBELL LANE HOLIDAY, FL 34691

ARTICLE VI

The effective date for this Limited Liability Company shall be:

February 20, 2015

Signature of member or an authorized representative of a member.

Signature:

DIMITRI KOSTAKIS

EB 19 PM L: 06