

L150000070209

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

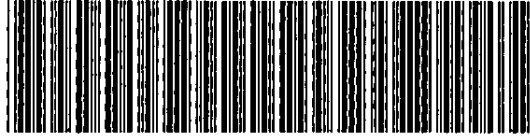
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**TRANSMITTAL LETTER**

**To: Registration Section  
Division of Corporations**

**SUBJECT: \_\_\_\_\_ Houston & Son Tree Svc and Land Clearing, LLC \_\_\_\_\_  
(Name of Limited Liability Company)**

**(Second choice) \_\_\_\_\_ Houston & Son Tree Service, LLC \_\_\_\_\_**

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

**Please return all correspondence concerning this matter to the following:**

\_\_\_\_\_ Dale Houston \_\_\_\_\_  
(Name of Person)

\_\_\_\_\_ -Houston & Son Tree Svc and Land Clearing, LLC \_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_ 136 SW Barrs Glen \_\_\_\_\_  
(Address)

\_\_\_\_\_ Lake City, FL 32024 \_\_\_\_\_  
(City/State and Zip Code)

**For further information concerning this matter, please call:**

\_\_\_\_\_ Dale Houston \_\_\_\_\_ (386) 752-7814 \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399**

**MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

\_\_\_\_\_ Houston & Son Tree Svc and Land Clearing, 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:**

\_\_\_\_\_ 136 SW Barrs Glen. \_\_\_\_\_

\_\_\_\_\_ 136 Sw Barrs Glen \_\_\_\_\_

\_\_\_\_\_ Lake City, FL 32024 \_\_\_\_\_

\_\_\_\_\_ Lake City, FL 32024 \_\_\_\_\_

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**ARTICLE III - Registered Agent, Registered Office, Registered Agent's Signature:**

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

\_\_\_\_\_ Dale Houston \_\_\_\_\_

Name

\_\_\_\_\_ 136 SW Barrs Glen \_\_\_\_\_

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

\_\_\_\_\_ Lake City, FL 32024 \_\_\_\_\_

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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 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 608, Florida Statutes..

*Dale Houston* Dale Houston  
Registered Agent's Signature

**ARTICLE IV - Manager(s) or Managing Member(s):**  
**The name and address of each Manager or Managing Member is as follows:**

<u>Title</u>	<u>Name and Address</u>
<u>Manager</u>	Dale Houston
	136 Sw Barrs Glen
	Lake City, FL 32024
<u>Member</u>	Matthew Houston
	136 SW Barrs Glen
	Lake City, FL 32024

**REQUIRED SIGNATURE:**

*Dale Houston* Dale Houston  
 Typed or printed name of signee

<b>Filing Fees:</b>			
Florida LLC Registration (Required)	\$125.00	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Deluxe Kit Upgrade	65.00	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
LLC Seal & Embosser	32.00	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Prepare SS-4 for FEIN	25.00	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Sales & Use Tax License	45.00	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Open Florida Bank Acct	95.00	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I'll supply my own Registered Agent.	-0-		

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