

L15000089589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

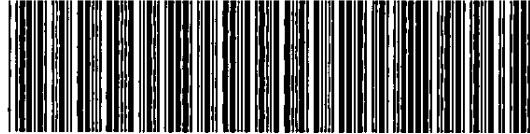
(Business Entity Name)

(Document Number)

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

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FILED  
15 MAY 12 AM 10:38  
RECEIVED  
MAY 12 2015  
MAY 12 2015

Received 5/12/15  
MM  
May 21, 15

W115-28223



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2015

BILL MCKINNEY  
7491 HART RD.  
N.FT.MYERS, FL 33917

SUBJECT: STRAIGHT CUTS CERTIFIED LAWN SERVICES LLC  
Ref. Number: W15000028223

We have received your document for STRAIGHT CUTS CERTIFIED LAWN SERVICES 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):

The document must be signed by a member or an authorized representative of a member.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 415A00008121

COVER LETTER

TO: Registration Section  
DIVISION OF CORPORATIONS

SUBJECT: Straight Cut's Certified Lawn services  
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:

Bill McKinney

Name of Person

Straight Cut's Certified Lawn services  
Firm/Company

7491 Hart Rd.

Address

North Fort Myers, Florida 33917

City/State and Zip Code

StraightCutsLawnservices@gmail.com

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

For further information concerning this matter, please call:

Bill McKinney at 239, 349-0909

Name of Person

Area Code

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 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:

Straight cut's Certified Lawn services 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:

7491 Hart Rd.  
North Fort Myers, Florida  
33917

Mailing Address:

P.O. Box 4299  
North Fort Myers  
Florida 33918

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:

Tina McKinney  
Name

7505 Suncoast DR.

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

North Fort Myers FL. 33917  
City State 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.

Tina McKinney  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
15 MAY 12 AM 10:38  
CLERK OF DISTRICT COURT  
NORTH DAKOTA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR

Tina McKinney  
7505 Suncoast Dr.  
North Fort Myers FL 33917

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Bill McKinney Tina McKinney

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.)

Bill McKinney Tina McKinney  
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)

FILED  
15 MAY 12 AM 10:36  
REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA