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COVER LETTER

	Cegistration Section Division of Corporations	
SUBJECT	Southern State Lawn and Landscape	LLC
	Name of Lin	mited Liability Company
The enclos	sed Articles of Organization and fee(s) ar	re submitted for filing.
Please rett	urn all correspondence concerning this ma	natter to the following:
	Jeffrey Smith	
		Name of Person
	Southern State Lawn and Landscape L	LLC
		Firm/Company
	7603 N HWY 314A	
		Address
	Silver Springs Florida 34488	
	JS84188@aol.com	City/State and Zip Code
	E-mail address: (to be used	d for future annual report notification)
For further	information concerning this matter, pleas	se call:
	Jeffrey Smith 3.	352 246-3886
	Name of Person A	Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:	
\$125.00 I	Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		-	
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	F	,	
Southern State Lawn and Landscape LLC	1.	-	
(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:			
7603 N HWY314A Silver Springs FL 34488 7603 N HWY314A Silver Spring		gs FL 34488	
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:

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)

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Me	Name and Address:	<u></u>
"MGR" = Manager		ĐUÀ
AMBR	Jeffrey Smith 7603 N HWY 314A Silver Springs Florida 34488 3	L C
	7003 WITH 1 314% Shver Springs Florida 34400.	Ċì
		777
AMBR	Travis Richardson	
	7603 N HWY 314A Silver Springs Florida 34488	
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	<u> </u>	
(Use attachment if necessar	1.	
CLEV: Effective date if other	the date of filing: (OPTIONAL)	
	ist be specific and cannot be more than five business days prior to or 90	days a
ite of filing.)		-
	oes not meet the applicable statutory filing requirements, this date will not	be list
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Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jeffrey Smith

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)