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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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R. WHITE

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: KENNETH STINSON LAWNS LLC. 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: |
| KENNETH T. STINSON Name of Person |
| Firm/Company |
| 1211 TOWNSENE ROAD SE |
| PALM BAY, FLORIDA 32909 City/State and Zip Code NULNUL SEIBEN @ YAHOO. COM E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| KEN STINSON at (772) 713-5295 Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$125.00 Filing Fee Certificate of Status \$155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) |
| Mailing AddressStreet AddressNew Filing SectionNew Filing Section |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2015

KENNETH T STINSON 1211 TOWNSENE RD SE PALM BAY, FL 32909

SUBJECT: KENNETH STINSON LAWNS LLC

Ref. Number: W15000050845

We have received your document for KENNETH STINSON LAWNS 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):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

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) 245-6052.

New Filing Section.

Letter Number: 815A00015809

A RECEIVED AUG 2 8 2015

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is: | THEO | | | |
|--|------------------------------|--|--|--|
| KENNETH STINSON | LAWNS LLC. 13 AH 4: 52 | | | |
| (Must end with the words "Limited Liability Co | ompany, "L.L.C.," or "LIIQ") | | | |
| (Must end with the words "Limited Liability Company, "L.L.C.," or "LIQ" "LASSEE, FLORIDA" ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: | | | | |
| Principal Office Address: | Mailing Address: | | | |
| 1211 TOWNSENE ROAD SE | 1211 TOWNSENE ROAD SE | | | |
| PALM BAY, FL 32909 | PALM BAY, FL 32909 | | | |

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

KENNETH T, STINSON

Name

1211 TOWNSENE ROAD SE

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

PALM BAY, FLORIDA 32909

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Authorized Member "MGR" = Manager "MGR" "MGR" | Name and Address: Kenneth T Stinson 1211 TOWNSENE KOAD SE PALM BAY, FLORIDA 32909 | |
|---|--|--|
| ······································ | | |
| (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: | | |
| the date of filing.) | eet the applicable statutory filing requirements, this date will not be listed as | |
| None | | |
| This document is execut I am aware that any false | mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document of the Department of State | |
| _ | felony as provided for in s.817.155, F.S. Y. T. STINSON 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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)