

✓✓ L15000143638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

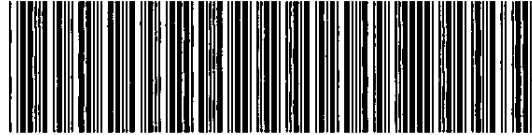
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
15 AUG 21 AM 10:39

8/27

CH

Proposal



Northside Lawn Service

23340 Orleans Place
Land O' Lakes, FL 34639
(813) 404-5674



PROPOSAL SUBMITTED TO	PHONE	DATE
STREET	JOB NAME	
CITY, STATE and ZIP CODE	JOB LOCATION	
		JOB PHONE

Daytime phone # 813-404-5674
I'm applying to become ALLC
Company, I currently have a
business license in Pasco County
Land O Lakes FL 34639.
Thank You
R. H. C. C.

We Propose hereby to furnish material and labor — complete in accordance with the above specifications for the sum of:

_____ dollars (\$_____).

Payments to be made as follows:

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance. Failure to pay as agreed shall entitle vendor to repossess and remove said property without process of law, or its option, to pursue any and all available legal remedies to which purchaser hereby agrees to pay and be responsible for reasonable attorney's fees, court costs, and interest at the maximum legal rate.

Price Good for 30 Days

Proposal Submitted By

Acceptance of Proposal — The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Date of Acceptance: _____

Customer Signature

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Northside Lawn Service, 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:

Richard A. Ellis

Name of Person

Northside Lawn Service, LLC

Firm/Company

23340 Orleans Place

Address

Land O Lakes, FL 34639

City/State and Zip Code

northsidelawnservice@yahoo.com

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

For further information concerning this matter, please call:

Richard A. Ellis

813

404-5674

at ()

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Northside Lawn Service, 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:

Richard A. Ellis

Mailing Address:

23340 Orleans Place

Land O Lakes, FL 34639

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:

Richard A. Ellis

Name

23340 Orleans Place

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

Land O Lakes

Florida


34639

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)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Richard A. Ellis

23340 Orleans Place

Land O Lakes, FL 34639

(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:



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.

Richard A. Ellis

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)