

L15000/97080

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000278597010

11/02/15--01010--013 \*\*130.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV 25 PM 12:03

W15-074112

κ 11/30/15



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 10, 2015

PEDRO HERNANDEZ-SHILON  
1509 E. 142 AVE.  
APT. 4  
TAMPA, FL 33613

SUBJECT: THE LAWN BARBER LLC.  
Ref. Number: W15000074112

We have received your document for THE LAWN BARBER LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000016619 (LAWN BARBER, INC.).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 315A00023787

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** THE LAWN BARBER 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:

PEDRO HERNANDEZ-SHILON  
\_\_\_\_\_  
Name of Person  
  
THE LAWN BARBER LLC.  
\_\_\_\_\_  
Firm/Company  
  
1509 E 142 AVE APT 4  
\_\_\_\_\_  
Address  
  
TAMPA FL 33613  
\_\_\_\_\_  
City/State and Zip Code  
  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO HERNANDEZ-SHILON 813 786-1194  
\_\_\_\_\_  
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:

~~THE LAWN BARBER LLC.~~ / Pedro, The Lawn Barber 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:

1509 E 142 AVE APT 4  
TAMPA FL 33613

Mailing Address:

1509 E 142 AVE APT 4  
TAMPA FL 33613

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.)

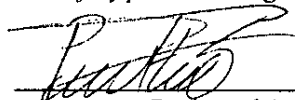
The name and the Florida street address of the registered agent are:

PEDRO HERNANDEZ-SHILON  
Name  
1509 E 142 AVE APT 4  
Florida street address (P.O. Box **NOT** acceptable)  

<u>TAMPA</u>	<u>FL</u>	<u>33613</u>
City	State	Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV 25 PM 12:03

*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)

RECEIVED NOV 25 2013

**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:**

AMBR/MGR

Pedro Hernandez - Shilon

1509 E. 142<sup>ND</sup> Ave # 4

Tampa FL 33613

email: Pedrohernandez1194@gmail.com

(Use attachment if necessary)

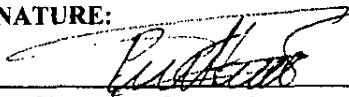
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

Pedro Hernandez - Shilon

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)