

L15000213456

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

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

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

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

PICK-UP     WAIT     MAIL

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

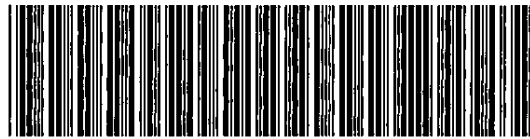
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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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W15-79178



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FILED  
15 DEC 22 PM 5:43  
RECORDS SECTION  
TALLAHASSEE, FLORIDA

DEC 30 2015  
S. GILBERT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2015

PATRICK DANESE  
2246 REDFERN RD  
JACKOSNVILLE, FL 32207

SUBJECT: 904 SEASONS LAWN AND LANDSCAPE LLC  
Ref. Number: W15000079178

We have received your document for 904 SEASONS LAWN AND LANDSCAPE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your signature page was not enclosed. Please complete and resubmit for processing.,

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.

Sylvia Gilbert  
Regulatory Specialist II  
New Filing Section

Letter Number: 715A00025718

RECEIVED  
15 DEC 15 10:10 AM  
SECRET  
15000079178

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 904 Seasons lawn and landscape L.L.C  
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:

Patrick Danese  
Name of Person

904 Seasons lawn & landscape L.L.C  
Firm/Company

2246 Redfern Rd  
Address

Jacksonville FL 32207  
City/State and Zip Code

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

For further information concerning this matter, please call:

Patrick Danese at (904) 253-4270  
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

FILED

15 DEC 23 PM 5:43

ARTICLE I - Name:

The name of the Limited Liability Company is:

904 Seasons Lawn + Landscape L.L.C.  
(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:

2246 Redfern Rd  
Jacksonville FL 32207

Mailing Address:

2246 Redfern Rd  
Jacksonville FL  
32207

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:

Patrick Danese  
Name

2246 Redfern Rd  
Florida street address (P.O. Box NOT acceptable)

Jacksonville FL 32207  
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)

**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~~ AMBR

AMBR AMBR

**Name and Address:**

Patrick Danese  
2246 Redfern Rd  
Jax FL 32257

Samuel Glocker  
932A Beauclerc Terr  
Jax FL 32257

(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.

Patrick Danese

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)