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## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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Account Number : I20150000114 Phone : (904)685-8888

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#### FLORIDA LIMITED LIABILITY CO.

## Buzzard Pressure Washing & Lawn Maintenance, LI

Certificate of Status	θ
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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Corporate Filing Menu

Help

TO: +18506176381

### **COVER LETTER**

TO:	Registration Division of C			
SUBJE	CT:	Buzzard Pressure V	Vashing & Lawn Maintenar	nce, LLC
		Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corre	spondence concerning this mat	ter to the following:	
-	·		Shawn Bossard	**************************************
			Name of Person	
		Buzzard Pressure V	Vashing & Lawn Maintenance, L	LC
-			Firm/Company	
		153	0 West 9th Street	
-			Address	<del></del>
		Jac	ksonville, FL 32209	
-			y/State and Zip Code	
_			dbossard@gmail.com	
		·	for future annual report notification)	
For furt	her informatio	n concerning this matter, pleas	e call:	
	Sh	awn Bossard	at 904-517-06	23
	Nam	ne of Person	Area Code & Daytime Telep	hone Number
Enclos	ed is a check	for the following amount:		
⊒\$125.0	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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courler Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	

Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ited Liability Company		
Buzzar		r is:	
	rd Pressure Washino	& Lawn Maintenance, LLC	
		ciability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Add	ress:		
The mailing address	and street address of th	e principal office of the Limited Liability Cor	npany is:
Principal Office Ad	dress:	Mailing Address:	
1530 West 9th Street		N/A	
Jacksonville, FL 32209	9		
The name and the Flo	Shaw	he registered agent are:	
	N	ame	
		est 9th Street	
_	Charles and a self-self-self-self-self-self-self-self-	TO A Day MAT acceptable)	
_		(P.O. Box NOT acceptable)	
-	Jacksonv	(P.O. Box <u>NOT</u> acceptable)  ville, FL 32209  ate, and Zip	

(CONTINUED)

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# ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member Shawn Bossard, MGRM 1530 West 9th Street Jacksonville, FL 32209 (Use attachment if necessary) 1/4/2016 **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.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Shawn Bossard

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)

Typed or printed name of signee