(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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EFFECTIVE DATE

PH 3: 20

# **COVER LETTER**

Div	ision of Corporations
SUBJECT:	BILLY GOATS LANDSCAPING LLC
SOBJECT.	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for filing.
Please return	all correspondence concerning this matter to the following:
•	WILLIAM J RUTH
_	Name of Person
1	BILLY GOATS LANDSCAPING LLC
_	Firm/Company
3	3690 W GANDY BLVD #203
_	Address
ר	ГАМРА, FL 33611
bi	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further info	ormation concerning this matter, please call:
v	VILLIAM J RUTH 813 728-0505
<del></del>	Name of Person Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:
\$125.00 Filii	status Signature of Status Signature (additional copy is enclosed)  Signature of Status Signature of Statu

Mailing Address

TO:

**Registration Section** 

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





Mailing Address:

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AF	TI	CI	E l	[ - ]	Vя	me	•

The name of the Limited Liability Company is:

## BILLY GOATS LANDSCAPING LLC

Principal Office Address:

(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:

	<del></del>
3690 W GANDY BLVD #203	3690 W GANDY BLVD #203
TAMPA, FL 33611	TAMPA, FL 33611

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:

WILLIAM J RUTI	Н	
	Name	
3690 W GANDY I	BLVD #203	
Florida street addr	ess (P.O. Box <b>NOT</b> ac	cceptable)
ТАМРА	FL	33611
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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Fitle:</u> 'AMBR" = Authorized Membe	Name and Address:
'MGR" = Manager AMBR	WILLIAM J RUTH
AWDK	3690 W GANDY BLVD #203
	TAMPA, FL 33511
	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than trive date is listed, the date mu filing.)	the date of filing: JANUARY 2, 2016 . (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 cores not meet the applicable statutory filing requirements, this date will not
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Page 2 of 2