

L16000015759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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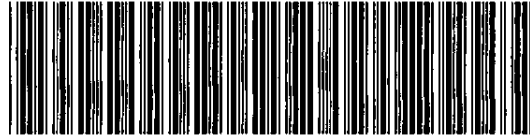
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 JAN 14 AM 9:49
TAMMSEFF, FLORIDA

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New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

January 12, 2016

Please find enclosed the Articles of Organization for Lawn's Gone Wild L.L.C. along with the filing payment of \$125.00. Should you have any questions or concerns please contact me via the following:

Charles Francis
1042 Pitts Avenue
Panama City, FL 32404
(850) 867-3432
(850) 867-1128
Lawnsgonewild@gmail.com

Thank you,

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lawn's Gone Wild
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:

Charles Francis

Name of Person

Lawn's Gone Wild

Firm/Company

1042 Pitts Avenue

Address

Panama City, FL 32404

City/State and Zip Code

lawnsgonewild@gmail.com

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

For further information concerning this matter, please call:

Charles Francis 850 867-3432
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:

Lawn's Gone Wild 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:

1042 Pitts Avenue

Panama City, FL 32404

Mailing Address:

1042 Pitts Avenue

Panama City, FL 32404

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:

Carol Francis

Name

1042 Pitts Avenue

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

Panama City

FL

32404

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.

Carol Francis

Registered Agent's Signature (REQUIRED)

(CONTINUED)

16 JAN 14 AM 9:49

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CLERK OF STATE
PANASSEE FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Charles Francis
1042 Pitts Avenue
Panama City, FL 32404

Carol Francis
1042 Pitts Avenue
Panama City, FL 32404

AMBR

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 12, 2016 (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.

Charles Nicholas Francis (SR.)
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)