LI600017 SUZ

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	ocument Number)	,
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

W15am 7944

JAN 2 9 2016

T. SCOTT



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 23, 2015

KIMBERLY WOLFE SOUTHERN SOD & LANDSCAPING SERVICES 6905 SW 138TH TERRACE OCALA, FL 34481

SUBJECT: SOUTHERN SOD & LANDSCAPING SERVICES, L.L.C.

Ref. Number: W15000079044

We have received your document for SOUTHERN SOD & LANDSCAPING SERVICES, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

FICTITIOUS NAMES CAN NOT CONVERT.,

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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.

Tyrone Scott Regulatory Specialist II

Letter Number: 515A00025665

COVER LETTER

TO:	Registration S Division of C		·, \	<i>ا</i> لہ,		
SUBJ	ECT: SOUTHE	RN SOD & LANDSCAPI	ING SERVICES			
50150			of Resulting Florida	Limite	ed Company)	
					nd fees are submitted to convert an "accordance with s. 605.1045, F.S.	Other
Please	return all corre	espondence concernin	g this matter to:			
KIMBI	ERLY WOLFE					
		(Contact Person)				
SOUT	IERN SOD & LA	NDSCAPING SERVICE	S			
		(Firm/Company)				
6905 S	W 138TH TERRA	ACE				
		(Address)				
OCAL.	4, FLORIDA, 34	181				
	((City, State and Zip Code)				
SOUTI	IERNSOD6052@	УАНОО.СОМ				
E-m	ail Address: (to b	e used for future annual re	port notifications)			
For fu	ther information	on concerning this ma	tter, please call:			
KIMBE	ERLY WOLFE		_at (³⁵²	629-3	3030	
	(Name of Conta	ct Person)		(Day	ytime Telephone Number)	
Enclos	ed is a check f	or the following amou	nt:			
(\$25 for & \$125	0.00 Filing Fees Conversion for Articles nization)	□\$155.00 Filing Fees and Certificate of Status	\$180.00 Filing and Certified Cop		☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
Registr Division Clifton	ET ADDRESS ration Section on of Corporati Building executive Center	ons	Registra Division P. O. Be	etion : n of C ox 63:	Corporations 27	
∠001 b	xecutive Cente	er Circle	i ailana	ssee, .	FL 32314	

INHS11 (06/15)

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	``.	
SOUTHERN SOD & LANDSCAPING SERVICES, L.L. (Must end with the words "Limited Liabili		
ARTICLE II - Address:	incipal office of the Limited Liability Company	/ is :
Principal Office Address:	Mailing Address:	
3371 NW BLITCHTON ROAD	6905 SW 138TH TERRACE	
OCALA, FLORIDA, 34475	OCALA, FLORIDA, 34481	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration.	ogistered agent are.	16 JAN -7 AM
Name		1 5
6905 SW 138TH TERRACE		<u>ب</u>
Florida street address (P.O	. Box NOT acceptable)	
OCALA	F1 , 34481	
City	Zip	
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete p	o accept service of process for the above stated ling this certificate, I hereby accept the appointment wity. I further agree to comply with the provisions performance of my duties, and I am familiar with gistered agent as provided for in Chapter 605, F.S.	as of all and

(CONTINUED)

Page 1 of 2

'AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MANAGER	CHARLIE WOLFE
	6905 SW 138TH TERRACE
	OCALA, FLORIDA, 34481
MANAGER	KIMBERLY WOLFE
	6905 SW 138TH TERRACE
	OCALA, FLORIDA, 34481
 	
Use attachment if necessary)	
EV: Effective date, if other than t	he date of filing: (OPTIONAL
fective date is listed, the date mus	st be specific and cannot be more than five business da
days after the date of filing.)	
ne date inserted in this block does not mee s effective date on the Department of Stat	et the applicable statutory filing requirements, this date will not be list e's records.

Signature of a member of 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.

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 5.00 Certificate of Status (Optional) \$ 30.00 Certified Copy (Optional)

Page 2 of 2

Mr. Tyrone Scott,

January 5, 2016

Attached you will find the documents needed for filing for an L.L.C., company. Please let me know if there is anything else I need to do.

Thank you.

Kimberly Wolfe