116000020071

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	<u> </u>
•		
(Ci	ty/State/Zip/Phone	
(0.	оу, отшто, <u>—</u>	,
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
(2.	,	
Condition Continu	0-46-4	
Certified Copies	_ Certificates	s or Status
Special Instructions to	Filing Officer:	
]		

Office Use Only



500281061725

SECRETARY OF STATE DIVISION OF CORPORATIONS

01/20/16--01019--005 **125.00

JAN 2 0 2016 S. PRATHER

COVER LETTER

	tegistration Section Division of Corporations		
SUBJECT	MEGHAN'S LAWN CARE, LLC		
SUBJEC		Limited Liabili	ty Company
The enclose	sed Articles of Organization and fee(s)) are submitted	for filing.
Please retu	urn all correspondence concerning this	matter to the f	ollowing:
	MEGHAN KARNES		
	-	Name of	Person
	·		
		Firm/Co	mpany
	325 E. UNIVERSITY BLVD. #68		
		Addre	ess
	MELBOURNE, FL 32901		
	Megkarnes@gmail.com	City/State and	d Zip Code
	E-mail address: (to be us	sed for future a	nnual report notification)
For further	information concerning this matter, plo	ease call:	
	MEGHAN KARNES	317	443-6126
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	s a check for the following amount:		
\$125.00 F	iling Fee \$130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & \$160.00 Filing Fee, cd Copy cl 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

bility Company, "L.L.C.," or "LLC.")	F
	20
of the Limited Liability Company is:	70
	38
<u>Mailing Address</u> :	بب
325 E UNIVERSITY BLVD. #68	2
MELBOURNE, FL 32901	
	of the Limited Liability Company is: Mailing Address: 325 E UNIVERSITY BLVD. #68

The name and the Florida street address of the registered agent are:

Name

325 E. UNIVERSITY BLVD. #68

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

MELBOURNE FL 32901

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)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
MGR" = Manager	
MGR	MEGHAN KARNES
	325 E UNIVERSITY BLVD., #68 MELBOURNE, FL 32901
44 C B	
MGR	MICHAEL JOHNSON
	325E. UNIVERSITY BLYD, #68 MELBOURNE, FL 32901
	MDDDOGICIOC, TOZIO
	
V: Effective date, if other than the da	ate of filing: (OPTIONAL)
CV: Effective date, if other than the date tive date is listed, the date must be so filing.) the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the date tive date is listed, the date must be so filling.) the date inserted in this block does not the date inserted at the Department.	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
ctive date is listed, the date must be s f filing.)	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
CV: Effective date, if other than the date tive date is listed, the date must be stilling.) the date inserted in this block does not ment's effective date on the Department CVI: Other provisions, if any. REQUIRED SIGNATURE:	t meet the applicable statutory filing requirements, this date will not of State's records.
CV: Effective date, if other than the date tive date is listed, the date must be stilling.) The date inserted in this block does not bent's effective date on the Department of the CVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exect I am aware that any fall	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will no
EV: Effective date, if other than the date tive date is listed, the date must be stifiling.) The date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exect I am aware that any fall	t meet the applicable statutory filing requirements, this date will not of State's records. nember or an authorized representative of a member. State information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.

ARTICLE IV-

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) as