

L16000029914

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

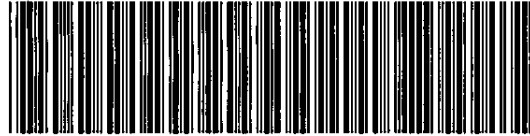
(Business Entity Name)

(Document Number)

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EFFECTIVE DATE  
3-1-16

FILED  
16 FEB - 1 PM 2:47  
TALLAHASSEE, FLORIDA

FEB 17 2016  
S. GILBERT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cody's Lawn Maintenance & Pressure Washing, LLC  
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:

Cody R Longstreth

Name of Person

Cody's Lawn Maintenance & Pressure Washing, LLC

Firm/Company

1060 19th Street, SW

Address

Naples, FL 34117

City/State and Zip Code

susanlongstreth170@hotmail.com

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

For further information concerning this matter, please call:

Cody R Longstreth      239      289-6338  
Name of Person      at (      )      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:

Cody's Lawn Maintenance & Pressure Washing, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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16 FEB -1 PM 2:47  
STATE  
OF FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

Cody's Lawn Maintenance & Pressure Washing, LLC  
1060 19th Street, SW  
Naples, FL 34117

**Mailing Address:**

Cody's Lawn Maintenance & Pressure Wash  
5473 19th Place, SW  
Naples, FL 34116

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:

Susan M Longstreth

Name

5473 19th Place, SW

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

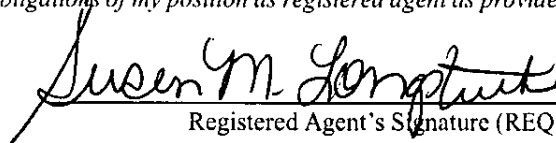
Naples, FL 34116

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..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Cody R Longstreth

1060 19th Street, SW

Naples, FL 34117

AMBR

Susan M Longstreth

5473 19th Place, SW

Naples, FL 34116

AMBR

Philip R Longstreth

5473 19th Place, SW

Naples, FL 34116

(Use attachment if necessary)

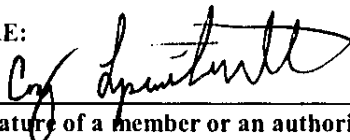
ARTICLE V: Effective date, if other than the date of filing: 3/1/12 (OPTIONAL)

(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.

Cody R Longstreth

Typed or printed name of signer

**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)