

L16000081143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

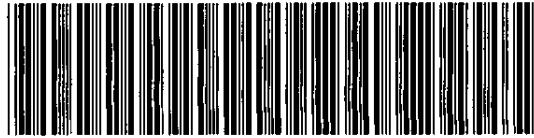
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/27/16--01005--009 **130.00

RECEIVED
DEPARTMENT OF STATE
16 APR 27 PM 2:07
16 APR 27 PM 2:21
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
FOR INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
APPROVED
AND
FILED

4/27/16

APPROVED
AND
FILED

COVER LETTER

16 APR 27 PM 2:22

TO: Registration Section
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Nettles Landscaping & Lawn Care 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:

Daulton E. Nettles

Name of Person

Nettles Landscaping & Lawn Care LLC

Firm/Company

1719 Bismark Road

Address

Tallahassee FL 32305

City/State and Zip Code

Daulton Nettles @ aol.com

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

For further information concerning this matter, please call:

Daulton Nettles

Name of Person

at (850)

Area Code

545-0538

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

EFFECTIVE DATE

05/01/14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 APR 27 PM 2: 22

Nettles Landscaping & Lawn care LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1719 Bismark Rd Tallahassee FL 32305

Mailing Address:

Same

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:

Daulton E. Nettles

Name

1719 Bismark Rd

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

Tallahassee

City

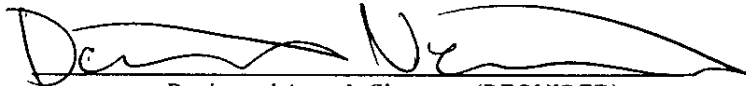
FL

State

32305

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)

APPROVED
AND
FILED

ARTICLE IV-

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

16 APR 27 PM 2: 22

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Dawton E. Nettles

1719 Bismark Rd

Tallahassee FL 32305

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/1/16 (OPTIONAL)

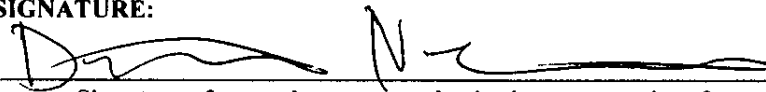
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

N/A

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.

Dawton E. Nettles

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)