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PICK-UP	☐ WAIT	MAIL
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SECREDARY OF STAIL PALLAHASSEE FLORIDA

FILED

#

COVER LETTER

Registration Section

TO:

Div	ision of Corporations			
SUBJECT:	DORSEY TREE SERVICE AND L	AND CLEAF	LING LLC	
33242011	Name of L	imited Liabili	ty Company	
The enclosed	d Articles of Organization and fee(s) a	are submitted	for filing.	
Please return	all correspondence concerning this n	natter to the fo	ollowing:	
J	TESS DORSEY			
_		Name of	Person	
Ι	OORSEY TREE SERVICE AND LA	ND CLEARI	NG LLC	
_		Firm/Cor	npany	
5	5059 BONE CREEK ROAD			
_		Addre	SS	
ŀ	HOLT, FL 32564			
an	m904@fwbfl.com	City/State and	Zip Code	
	E-mail address: (to be use	d for future ar	nual report notification	on)
For further info	ormation concerning this matter, pleas	se call:		
Л	ESS DORSEY 8	350	758-7050	
_	,	Area Code	Daytime Telephone	Number
Enclosed is a	check for the following amount:			
\$125.00 Filin	sig Fee \$130.00 Filing Fee & Certificate of Status	L-Certifie	Filing Fee & d Copy 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	1 1 (treet Address New Filing Section Division of Corporation Clifton Building 661 Executive Center	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 MAY -9 PM 2: 00

SECRETARY OF SYATE TALLAHASSEE FLORIDA

DORSEY TREE SERVICE AND LAND CLEARING LLC

(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:

<u>Principa</u>	l Office Address:		Mailing Address:
5059 BONE CREEK	ROAD	<u> </u>	5059 BONE CREEK ROAD
HOLT, FL 32564		<u>I</u>	HOLT, FL 32564
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an act	cannot serve as its own ctive Florida registrati	n Registered Age on.)	Agent's Signature: ant. You must designate an individual or
		Name	
	5059 BONE CREE	K ROAD	
	Florida street addres	ss (P.O. Box <u>NO</u>	T acceptable)
	HOLT	FL	32564
	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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

	The name and address	of each person authori	ized to manage and control the Limite	d Liability Company:
		, , , , , , , , , , , , , , , , , , ,	ized to manage and control the Limite	- 10 MAY -9 PM 2: ni
	"AMBR" = Authorized		Name and Address:	SECRETARY OF STATE TALLAHASSEE FLORID
	"MGR" = Manager "AMBR" 50%		JESS DORSEY	TEXTINGSEE FLORID
	AIVIDK JU76	-	5059 BONE CREEK ROAD	
			HOLT, FL 32564	····
	<u>"MEMBER" 50%</u>	_	DYLAN DORSEY	
		–	5059 BONE CREEK ROAD	
			HOLT, FL 32664	
		_		
			-	
				
(If an ef the date <u>Note:</u> I	fective date is listed, the of filing.)	e date must be specific s block does not meet	ling: MAY 10, 2016 c and cannot be more than five busing the applicable statutory filing require tate's records.	ness days prior to or 90 days after
		•		
ARTIC	LE VI: Other provisions,	, 12 0119.		
ARTICI	LE VI: Other provisions,			
ARTICI	REOUIRED SIGNAT		eu	
ARTICI	REOUIRED SIGNAT	FURE: Signature of a member ocument is executed in ware that any false info	er or an authorized representative on accordance with section 605.0203 (ormation submitted in a document to to tony as provided for in s.817.155, F.S.	1) (b), Florida Statutes. he Department of State
ARTICI	REOUIRED SIGNAT	FURE: Signature of a member ocument is executed in ware that any false infectutes a third degree felocometric process.	n accordance with section 605.0203 (ormation submitted in a document to t	1) (b), Florida Statutes. he Department of State

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

16 HAY -9 PM 2:00

DORSEY TREE SERVICE ANE LAND CLEARING LLC

SECRETARY OF STATE

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

ARTICLE II - Address:

<u>Princ</u>	ipal Office Address:		Mailing Address:
5059 BONE CREE	EK ROAD	5059	BONE CREEK ROAD
HOLT, FL 32564		HOI	LT, FL 32564
nother business entity with a			You must designate an individual o
•	n active Florida registratio	n.)	t ou must designate an individual c
-	n active Florida registratio	n.)	Tou must designate an individual c
•	n active Florida registratio	n.) l agent are: Name	t ou must designate an individual c
-	n active Florida registratio et address of the registered JESS DORSEY	n.) l agent are: Name KROAD	
nother business entity with a	n active Florida registratio et address of the registered JESS DORSEY 5059 BONE CREEK	n.) l agent are: Name KROAD	

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)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

MGR" = Manager AMBR" 50%	authorized to manage and control the Limited Liability Appropriates: Name and Address: SECRETARY OF
AIVIDIC 3070	Name and Address: SECRETARY JESS DORSEY
	5059 BONE CREEK ROAD
	HOLT, FL 32564
MEMBER" 50%	DYLAN DORSEY
	5059 BONE CREEK ROAD
	HOLT, FL 32664
Use attachment if necessary)	
tive date is listed, the date must be s filing.) ne date inserted in this block does no	at meet the applicable statutory filing requirements, this date will n
filing.) ne date inserted in this block does not ent's effective date on the Departmen	t meet the applicable statutory filing requirements, this date will n
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