

L16000092925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

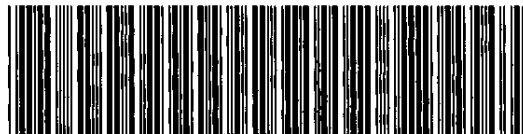
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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05/09/16--01007--012 \*\*130.00

FILED

16 MAY -9 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Handwritten signature/initials

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DORSEY TREE SERVICE AND LAND CLEARING 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:

JESS DORSEY

Name of Person

DORSEY TREE SERVICE AND LAND CLEARING LLC

Firm/Company

5059 BONE CREEK ROAD

Address

HOLT, FL 32564

City/State and Zip Code

ann904@fwbfl.com

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

For further information concerning this matter, please call:

JESS DORSEY

850

758-7050

at ( )

Name of Person

Area Code

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

FILED

16 MAY -9 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

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:

**Principal Office Address:**

5059 BONE CREEK ROAD  
HOLT, FL 32564

**Mailing Address:**

5059 BONE CREEK ROAD  
HOLT, FL 32564

**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:

JESS DORSEY

Name

5059 BONE CREEK ROAD

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

  
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

"AMBR" 50%

"MEMBER" 50%

**Name and Address:**

JESS DORSEY

5059 BONE CREEK ROAD

HOLT, FL 32564

DYLAN DORSEY

5059 BONE CREEK ROAD

HOLT, FL 32664

(Use attachment if necessary)

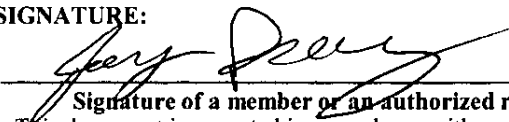
**ARTICLE V:** Effective date, if other than the date of filing: MAY 10, 2016 (OPTIONAL)

(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.

JESS DORSEY

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

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16 MAY -9 PM 2: 00

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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HOLT, FL 32564

Mailing Address:

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HOLT, FL 32564

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JESS DORSEY

Name

5059 BONE CREEK ROAD

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

HOLT

FL

32564

City

State

Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

"AMBR" 50%

**Name and Address:**

JESS DORSEY

5059 BONE CREEK ROAD

HOLT, FL 32564

"MEMBER" 50%

DYLAN DORSEY

5059 BONE CREEK ROAD

HOLT, FL 32664

(Use attachment if necessary)

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