

L16000093497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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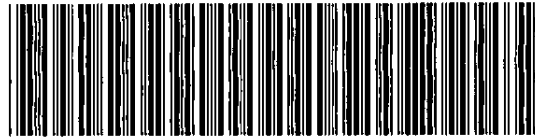
(Business Entity Name)

(Document Number)

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

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DEPARTMENT OF STATE  
16 MAY 18 PM 4:41  
16 MAY 18 PM 4:54  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
13 ACKNOWLEDGE  
SUFFICIENCY OF FILING  
#1816

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M.C. Everyday Landscaping 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:

Lester Massey  
Name of Person

M.C. Everyday Landscaping  
Firm/Company

3921 Cates Ave  
Address

Tallahassee / Florida / 32310  
City/State and Zip Code

lanamassey1812@gmail.com  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_ 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

ARTICLE I - Name:

The name of the Limited Liability Company is:

M.C. Everyday Landscaping 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:

3921 Cates Ave  
Tallahassee  
Florida  
32310

Mailing Address:

3921 Cates Ave  
Tallahassee  
Florida  
32310

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:

Lester Massey  
Name

3921 Cates Ave  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32310  
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 689, F.S.

Lester Massey  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED  
AND  
FILED  
16 MAY 18 PM 4:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

MGR

Name and Address:

Lester Massey

3921 Lanes Ave

Tallahassee, Florida, 32310

Thomas Cremer

465 Ace High Stables Rd

Crawfordville, Florida, 32327

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-18-2016 (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.

Landscaping, Lawn Care, Pressure Washing

REQUIRED SIGNATURE:

Am My

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.

Lester Massey

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)