

L16000/02396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

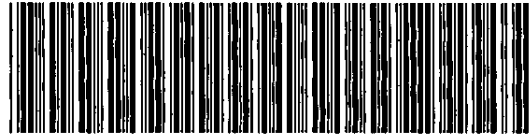
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400285886024

05/20/16--01018--027 \*\*135.00

FILED  
CLERK OF SUPERIOR COURT  
16 MAY 20 PM 2:59

05/26/16

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Cut on a Dime Lawn Works 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:

Bryan Hageman

Name of Person

Cut on a Dime Lawn Works LLC

Firm/Company

6805 Park Strand Dr

Address

Apollo Beach, FL 33572

City/State and Zip Code

bmhageman@gmail.com

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

For further information concerning this matter, please call:

Bryan Hageman

Name of Person

at ( )

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**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration 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:

Cut on a Dime Lawn Works 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:**

**Mailing Address:**

6805 Park Strand Dr  
Apollo Beach, FL 33572

6805 Park Strand Dr  
Apollo Beach, FL 33572

**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:

Bryan Hageman

Name

6805 Park Strand Dr

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

Apollo Beach

FL 33572

City

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)

FILED  
CLERK OF STATE  
JAN 20 PM 2:00

**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:**

Bryan Hageman

6805 Park Strand Dr

Apollo Beach, FL 33572

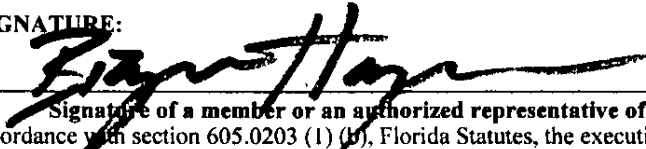
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Bryan Hageman

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)**

FILED  
2020 MAY 15 PM 3:00  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

Cut on a Dime Lawn Works LLC  
6805 Park Strand Dr  
Apollo Beach, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of Cut on a Dime Lawn Works LLC:

Bryan Hageman  
6805 Park Strand Dr  
Apollo Beach, FL 33572

  
Bryan Hageman, Organizer

4.22.16  
Date