

L160000103508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

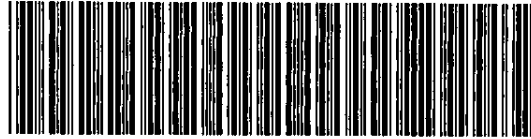
Special Instructions to Filing Officer:

Office Use Only

W16000025581

MAY 27 2016

T. SCOTT



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03/31/16--01015--015 **125.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 24 AM 9:09



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2016

DAVID DIVINE-BEY
4536 ASHBURN SQUARE DRIVE
TAMPA, FL 33610

SUBJECT: SUPPLY N DEMAND LAWN SERVICE
Ref. Number: W16000025581

We have received your document for SUPPLY N DEMAND LAWN SERVICE and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

Please use our forms and operational agreements are not required.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II

Letter Number: 216A00007093

RECEIVED
16 MAY 24 AM 9:47
DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUPPLY N DEMAND LAWN SERVICE LIMITED LIABILITY COMPANY
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:

DAVID DIVINE-BEY

Name of Person

SUPPLY N DEMAND LAWN SERVICE LIMITED LIABILITY COMPANY

Firm/Company

4536 ASHBURN SQUARE DRIVE

Address

TAMPA, FLORIDA 33610

City/State and Zip Code

DAVIDDIVINEB@gmail.com

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

For further information concerning this matter, please call:

DAVID DIVINE-BEY 813 766-5802

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:

SUPPLY N DEMAND LAWN SERVICE LIMITED LIABILITY COMPANY

(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:

4536 Ashburn Square Drive
Tampa, Florida
33610

Mailing Address:

4536 Ashburn Square Drive
Tampa, Florida
33610

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:

Danna Brown
Name
4536 Ashburn Sq Dr.
Florida street address (P.O. Box **NOT** acceptable)
Tampa Fl. 33610
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.

Danna Brown
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"

"MGR"

"MGR"

"MGR"

Name and Address:

DAVID Divine-Bey
4536 Ashburn Square Drive
Tampa, Florida 33610

Danna Johnson-Brown
4536 Ashburn Square Drive
Tampa, Florida 33610

Anthony Brown
4536 Ashburn Square Drive
Tampa, Florida 33610

Chauncey Ellis
5016 Whiteway Drive
Tampa, Florida 33617

(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.)

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.

Registered Equipment See Attach Sheet

REQUIRED SIGNATURE:

David Divine-Bey

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.

DAVID DIVINE-BEY

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)