

L16000110763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

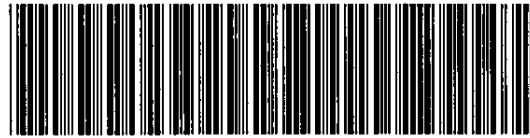
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UH

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Professional Grade Lawn & Landscapes 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:

Michael Barton  
Name of Person

Professional Grade Lawn & Landscapes LLC  
Firm/Company

Po Box 100978  
Address

Palm Bay Florida, 32910  
City/State and Zip Code

progradelandscapes@yahoo.com  
e-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Barton (321) 557-5669  
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:

Professional Grade Lawn & Landscapes 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:

469 Harrison St      P.O. Box 100978  
SW Palm Bay FL 32910      Palm Bay FL 32910

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:

Michael Barton  
Name  
469 Harrison St SW  
Florida street address (P.O. Box NOT acceptable)  
Palm Bay FL 32910  
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.

Michael Barton  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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JULY 10 2007

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

Michael D. Barton

P.O. Box 160978

Palm Bay FL 32910

AMBR

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 11/1/2016 (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:**

Michael D. Barton

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.

Michael D. Barton

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)

L16000110763

To The Florida Department  
of State I the president  
of the Company Professional  
Grade lawn & Landscapes Inc.

To dissolve an state a new  
Business as Professional Grade  
Lawn & Landscapes LLC.

Michael Bant  
Michael Barton

Fax to Gina McLeod

↓ Dissolved ↓

→ P14000090739 Professional Grade Lawn & Ink

↓ New ↓

• L16000110763 Professional Grade Lawn & Ink LLC  
New IEN # is 81-2115393

Fax 850-245-6804