

L16000135152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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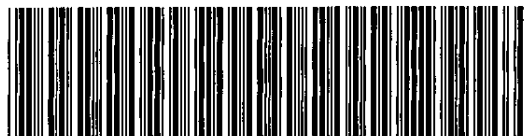
(Business Entity Name)

(Document Number)

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

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SUPERVISOR OF FILING

JUL 2/2017  
S. GILBERT

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A Lavin Touch Anytime Care  
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:

Leslie N. Vaughn  
Name of Person

\_\_\_\_\_  
Firm/Company

P.O. Box 5641  
Address

Tall, Fla 32314  
City/State and Zip Code

Lavin TouchCare@gmail.com  
(email address to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie N. Vaughn 850 688-3306  
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

APPROVED  
AND  
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

16 JUL 21 AM 11:24

ARTICLE I - Name:

The name of the Limited Liability Company is:

A Lawn Touch Anytime Care LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

1575 Balkin Rd  
Tallahassee, Fla 32305

P.O. Box 5641  
Tallahassee, FL 32314

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:

Leslie N. Vaughn  
Name

1575 Balkin Rd  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, Fla 32305  
City State Zip

Having been named as registered agent and to accept service of process for the above state, limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in that 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 889, F.S.

Leslie N. Vaughn  
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

Asst. Manager

Manager

Name and Address:

Darryl G. Vaughn  
P.O. Box 3411  
Tallahassee, Fla 32314

Leslie N. Vaughn  
1575 Balkin Rd  
Tallahassee, Fla 32305

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 7.21.14 (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.

add FTAI of 0200008

REQUIRED SIGNATURE:

Leslie N. Vaughn

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.

Leslie N. Vaughn

Typed or printed name of signer

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)