

L16000176446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

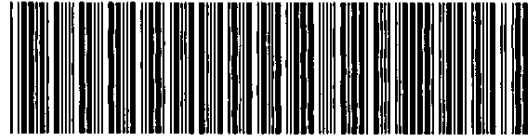
(Document Number)

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Special Instructions to Filing Officer:

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16 SEP 13 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**WATER FOR LIFE IRRIGATION AND OUTDOOR LIGHTING, INC.**  
**P.O. BOX 99**  
**EAGLE LAKE, FL 33839**  
**TELEPHONE: 863-307-0239**  
**EMAIL: STEPHANIE@WATERFORLIFEFLA.COM**

September 14, 2016

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

RE: Document Number: W16000063360  
Tracking Number: 800290180688

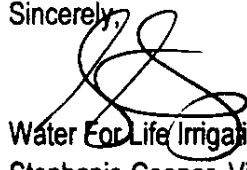
Dear Sir/Madam:

Enclosed please find the following documents for filing of a new Limited Liability Company:

1. Cover Letter for Landscaping Solutions of Polk County, LLC;
2. Articles of Organization for Florida Limited Liability Company;
3. Email dated 9/13/16 received from the New Filing Section for Division of Corporations referencing an error in the online filing that was completed on 9/13/2016. Upon contacting the number provided in the email, I indicated that I could not make the correction requested due to the fact that the online application did not allow for the number of characters contained in the Manager's entity name. I was then instructed to submit the filing by mail.
4. Payment receipt for \$125.00 which was submitted with the online filing on 9/13/2016 with attached copy of the Articles as filed online.

If you have any questions, do not hesitate to contact me at 863-307-0239. Thank you for your assistance with this filing.

Sincerely,

  
Water For Life Irrigation and Outdoor Lighting, Inc.  
Stephanie Cooper, Vice President

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Landscaping Solutions of Polk County, 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:

Stephanie Cooper

\_\_\_\_\_  
Name of Person

Water For Life Irrigation and Outdoor Lighting, Inc.

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

P.O. Box 99

\_\_\_\_\_  
Address

Eagle Lake, FL 33839

\_\_\_\_\_  
City/State and Zip Code

stephanie@waterforlifefla.com

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

For further information concerning this matter, please call:

Stephanie Cooper      863      412-6012  
\_\_\_\_\_  
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)

*See attached  
online payment  
receipt*

**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:

Landscaping Solutions of Polk County, 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:

281 Gerber Dairy Rd., Winter Haven, FL 33880

Mailing Address:

P.O. Box 99

Eagle Lake, FL 33839

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:

Water For Life Irrigation and Outdoor Lighting, Inc.

Name

281 Gerber Dairy Rd.

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

Winter Haven

FL

33880

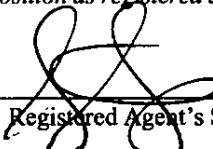
City

State

Zip

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*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)

**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:**

Water For Life Irrigation and Outdoor Lighting, Inc.

P.O. Box 99

Eagle Lake, FL 33839

AP

Stephanie L. Cooper

P.O. Box 99

Eagle Lake, FL 33839

Ap

Johnny R. Cooper

P.O. Box 99

Eagle Lake, FL 33839

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 10/01/2016 (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:**

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.

Stephanie Cooper, AP

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)

16 SEP 13 AM 9:22  
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TALLAHASSEE, FLORIDA