

L16UW 195688

(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

14/6UW 67/88

OCT 26 2016

T. SCOTT



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09/19/16--01045--013 **160.00

19 OCT 21 AM 11:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

16 OCT 21 PM 12:34

CONTACT US FOR MORE INFORMATION
1-800-352-6800

September 29, 2016

KENNETH HARRIS
5496 GORDON CT
ORANGE PARK, FL 32703

SUBJECT: HARRIS LAWN PRO'S
Ref. Number: W16000067188

We have received your document for HARRIS LAWN PRO'S and your check(s) totaling \$160.00. 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 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: 716A00021020

PLEASE ALSO TAKE THE APOSTROPHE OUT OF
THE WORD PROS I ORIGINALLY PUT IT IN
THERE BY MISTAKE. THANK YOU FOR YOUR
HELP.

Kenneth Harris

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Harris Lawn Pros 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:

Kenneth Harris

Name of Person

Harris Lawn Pros LLC.

Firm/Company

5496 Gordon Ct

Address

Orange park Fl 32073

City/State and Zip Code

kenisin@comcast.net

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

For further information concerning this matter, please call:

Kenneth Harris

904

545-5532

at (_____) _____

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:

Harris Lawn Pros 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:

5496 Gordon Ct

Orange Park Fl 32073

Mailing Address:

5496 Gordon Ct

Orange Park Fl 32073

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:

Kenneth Harris

Name

5496 Gordon Ct

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

Orange Park

Fl

32073

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.

Kenneth Harris

Registered Agent's Signature (REQUIRED)

(CONTINUED)

OCT 21 AM 11:58

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

Name and Address:

Kenneth Harris

5496 Gordon Ct

Orange Park FL 32073

(Use attachment if necessary)

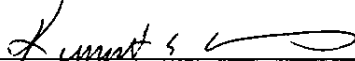
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(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.

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.

Kenneth Harris

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)