

L17000059534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

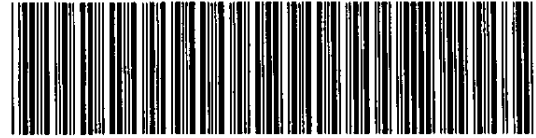
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200296248612

03/15/17--01010--023 \*\*130.00

FILED  
17 MAR 15 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

03/16/17

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: ALL DAY LAWNS 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:

GILBERTO CAQUIAS - GONZALEZ  
Name of Person

ALL DAY LAWNS LLC  
Firm/Company

75 MARGARET RD.  
Address

ORMOND BEACH FL 32176  
City/State and Zip Code

MGCAQUIAS@AOL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GILBERTO CAQUIAS at ( 386 ) 562-1915  
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:

ALL DAY LAWNS LLC.

(Must contain 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:

75 Margaret RD.  
Ormond BEACH FL  
32176

Mailing Address:

75 Margaret RD.  
Ormond BEACH FL  
32176

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:

GILBERTO CAQUIAS - GONZALEZ

Name

75 Margaret RD.

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

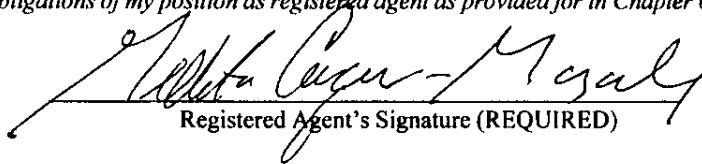
Ormond BEACH, FL 32176

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
17 MAR 15 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:**

AMBR

AMBR

GILBERTO CAQUIAS - GONZALEZ  
75 MARGARET RD  
ORMOND BEACH, FL. 32176

EMILIO SANTIAGO - GONZALEZ  
75 MARGARET RD.  
ORMOND BEACH FL. 32176

(Use attachment if necessary)

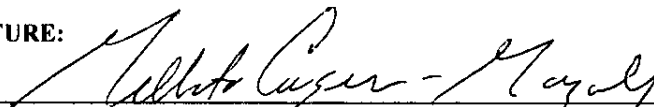
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

GILBERTO CAQUIAS - GONZALEZ  
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)

FILED  
17 MAR 15 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA