

L17000114891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

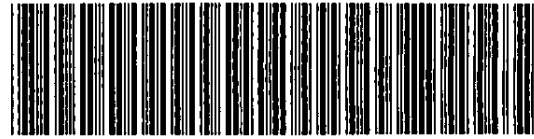
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900299053889

05/10/17--01041--010 **130.00

FILED
SECRETARY OF STATE
FLORIDA
17 MAY 25 PM 5:19

W17-41082

M. MOON
MAY 10 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 12, 2017

SHANE JAMES
30 SECRETARY TRAIL
PALM COAST, FL 32164

SUBJECT: PALM COAST LAWN AND LANDSCAPE, LLC.
Ref. Number: W17000041082

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 25 PM 5:19

We have received your document for PALM COAST LAWN AND LANDSCAPE, LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L15000087738.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 417A00009590

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Palm Coast Lawn and Landscape, LLC.
Name of Limited Liability Company

FILED
SECTION OF STATE
TALLAHASSEE, FLORIDA
17 MAY 25 PM 5:19

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shane James
Name of Person
Palm Coast Lawn and Landscape, LLC.
Firm/Company
30 Secretary Trail
Address
Palm Coast, Florida 32164
City/State and Zip Code
PalmCoastLawnandLandscape@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shane James at (407) 953-8451
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:

386 Landscape Guyz, 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:

30 Secretary Trail
Palm Coast.
Florida 32164

Mailing Address:

30 Secretary Trail
Palm Coast
Florida, 32164

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:

Shane James
Name

30 Secretary Trail
Florida street address (P.O. Box **NOT** acceptable)
Palm Coast Florida 32164
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

REC. FILED
TALLAHASSEE STATE
17 MAY 25 PM 5:19
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

AMBR

MGR

Name and Address:

Shane James

30 Secretary Trail

Palm Coast, FL, 32164

Jon Scott Combs

30 Secretary Trail

Palm Coast, FL, 32164

(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.

Shane A. James

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)

17 MAY 25 PM 5:19
SEC. OF STATE
FILED