

L17000118562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

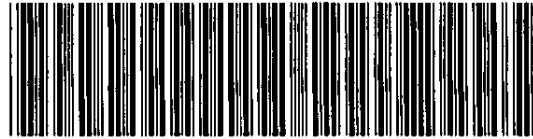
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLS CHURCH, VIRGINIA
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2017

AUBREY MARIE MALLEN
1040 FLAGAM RD SE
PALM BAY, FL 32909-3819

SUBJECT: 2 DIMENSIONS COMPLETE LAWN MAITENANCE
Ref. Number: W17000041348

We have received your document for 2 DIMENSIONS COMPLETE LAWN MAITENANCE and your check(s) totaling \$125.00. 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.

Verify the spelling of the word 'MAITENANCE'

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 017A00009645

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: 2 DIMENSIONS COMPLETE LAWN MAINTENANCE, 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:

AUBREY MARIE MALLEN

Name of Person

Firm/Company

1040 FLAGAMI RD SE

Address

PALM BAY, FL 32909-3819

City/State and Zip Code

amallen1029@gmail.com

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

For further information concerning this matter, please call:

AUBREY MARIE MALLEN 321 615-4712
Name of Person at (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

2017 MAY 30 PM 5:07

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2 DIMENSIONS COMPLETE LAWN MAINTENANCE, 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:

1040 FLAGAMI RD SE
PALM BAY, FL 32909-3819

Mailing Address:

1040 FLAGAMI RD SE
PALM BAY, FL 32909-3819

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:

AUBREY MARIE MALLEN

Name

1040 FLAGAMI RD SE

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

PALM BAY

FL

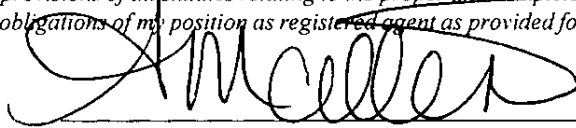
32909-3819

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)

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17 MAY 31 AM 10:33
TALLAHASSEE, FL 32301

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:

AUBREY MARIE MALLEN

1040 FLAGAMI RD SE

PALM BAY, FL 32909-3819

AMBR

BENJAMIN DEWEY PEAVY

1040 FLAGAMI RD SE

PALM BAY, FL 32909-3819

(Use attachment if necessary)

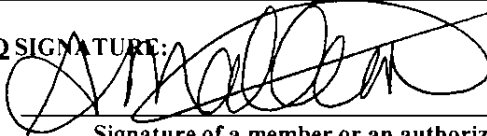
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

AUBREY MARIE MALLEN

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)

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TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE