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(Requestor's Name)
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PICK-UP WAIT MAIL
(Duninger Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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06/05/17--01015--016 **105.66

17 JUN 28 AH 8: 14 SECRETARY OF STATE ALLAHASSIF ELOSIR 6/28/17 DEPOSITS/PAYMENTS DETAIL SCREEN 8:53 AM

DEPOSIT NUMBER : 06/05/17 01015 018 DEPOSIT TYPE : COR

ACCOUNT NUMBER : DEPOSIT AMOUNT : 125.00

USER ID : KWALKER DEPOSIT BALANCE: 0.00

DEBIT MEMO DATE: VOID DATE :

TRACKING NUMBER: 300299626253 DOCUMENT NUMBER: W17000047492

REQUESTOR : CORAREJ LEDGER DATE : 06/05/17

SUB ACCT NUMBER:

CATEGORY DESCRIPTION AMOUNT
CF ALL CORP FILING FEES 125.00

+ NEXT, - PREV, 1. MENU, 2. FILING

ENTER SELECTION AND CR:

June 6, 2017

TIMOTHY JOEL GRIMM
609 MISSOURI AVE
ST CLOUD, FL 34769 US

SUBJECT: LOVE THY NEIGHBOR LAWN CARE LLC

Ref. Number: W17000047492

We have received your document for LOVE THY NEIGHBOR LAWN CARE LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office

+ NEXT, - PREV, 1. MENU, 2. FILING 7. LIST, 8. NEXT FILING ON LIST, 9. PREV FILING ON LIST ENTER SELECTION AND CR:

Sent Correct document

Watch for Email-will Email

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
LOVE THY NEIGHBOR (A) (Must contain the words Limited Biability	Company, "L.L.C." or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
St Cloud FL 34764	604 MISSOUCI AU St COOWN FL 34769

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent, You must decigned

(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:

ARTICLE I - Name:

<u>J</u>	ASMIN.	GK1	NM
	, Name		
_609 HISS	over	1706	
Florida street addres	s (P.O. Box	<u>SOT</u> acc	eptable)
St Cla	04 1	<u> </u>	34769
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 approvided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
17 JUN 28 AM 8: 14
TALLAHLSSTE. FLORIDS

ARTICLE IVThe name and address of each person authorized to manage and control the Limited Liability Company:

(Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days at the of filing). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list cument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REOURED SIGNATURE: R	<u>Title:</u> "AMBR" = Authorized Member	
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