

L17000 139665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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06/05/17--01015--016 **125.00

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17 JUN 28 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
CF

DESCRIPTION
ALL CORP FILING FEES

AMOUNT
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

8) 949 3477

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

or Fax
Watch for Email - will Email

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOVE THY NEIGHBOR LAW CARE ~~LLC~~ 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:

609 MISSOURI AVE
ST CLOUD FL 34769

Mailing Address:

609 MISSOURI AVE
ST CLOUD 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 designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

JASMIN GRIMM
Name

609 MISSOURI AVE
Florida street address: (P.O. Box ~~NOT~~ acceptable)
ST CLOUD FL 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 as provided for in Chapter 605, F.S..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

Name and Address:

Timothy Joel Grimmer

609 MISSOURI AVE

ST CLOUD FL 34769

Jasmin Grimmer

609 MISSOURI AVE

ST CLOUD FL 34769

(Use attachment if necessary)

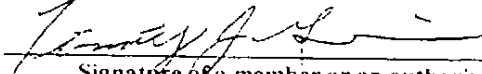
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Timothy J. Grimmer

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