L17000156058

(Requestor's Name)
(Address)
(nudiess)
(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



100301452461

07/21/17--01003--008 **125.00

ON JUL 20 PM 4:

JUL 2 0 2017 C Kinsey

COVER LETTER

• • 1

	w Filing Section vision of Corporations	·
SUBJECT:	Tony To LAWN Ser	mited Liability Company
The enclose	ed Articles of Organization and fee(s) a	re submitted for filing.
Please retur	n all correspondence concerning this n	natter to the following:
	Anthony Barnes	
	,	Name of Person
		Firm/Company
	436 Alexander	Address
-		City/State and Zip Code CARC & Small Com ed for future annual report notification)
For further in	nformation concerning this matter, plea	ase call:
	Anthony Barnes at (Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
\$125.00 F	S130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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

$\underline{\mathsf{ARTICLES}}\ OF\ OR\ GANIZATION\ FOR\ FLORIDA\ LIMITED\ LIABILITY\ COMPANY$

(Musi conta	ain the words "Limited Liability Compa	up; v. L.L.C. iny, "IJL.C" or "LLC.")	-
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office of the Limi	ited Liability Company is:	
	al Office Address:	Mailing Address:	
436 Alexa	relec ed Lamont 763232 _	Sume	-
another business entity with an a	address of the registered agent are: Anthony Barnes Name 436 Alexander of the redistration of the registered agent are:	n.l.	17 JUL 20
	Lamost 7L City State	32336	PH F
	City State		. Ye

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Minager (Use attachment if necessary) (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.

Anthory Barnes
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)