

L17000173587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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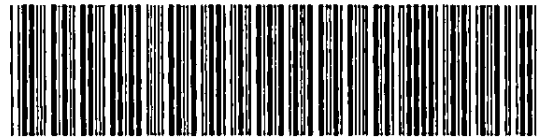
(Business Entity Name)

(Document Number)

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17 AUG 11 AM 9:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Majestic Grounds LAWN CARE L.L.C.
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:

Jarrett Washington Durdan III
Name of Person

Majestic Grounds LAWN CARE LLC.
Firm/Company

4848 NW 24th COURT Apt # 309
Address

Lauderdale Lakes Florida 33313
City/State and Zip Code

Jarrett.Durdan81@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jarrett W. Durdan III at (786) 715-0081
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:

Majestic Grounds LAWN CARE AND Property Maintenance L.L.C.
(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:

4848 NW 24th Court
Apt # 309
LAUDERDALE LAKES FLORIDA 33313

Mailing Address:

4848 NW 24th Court
Apt # 309
LAUDERDALE LAKES FLORIDA 33313

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:

Fred CORNEILLE
Name
3922 SW 68th AVE
Florida street address (P.O. Box NOT acceptable)
MIAMI FLORIDA 33023
City State Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA

17 AUG 11 AM 9:48

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.

Fred Corneille
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

Heather Dawson
4848 NW 24TH Ct Apt 809
Lauderdale Lakes, FL 33313

AMBR

Milli Whitehead
2970 Folano AVE apt 205
Hollywood, FL 33024

mgr

Jarrett W. Durden III
4848 NW 24TH Ct Apt # 309
Lauderdale Lakes, FL 33313

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: August 7th, 2017 (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:

Jarrett W. Durden III

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.

Jarrett Washington Durden III

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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RECEIVED
TALLAHASSEE FLORIDA
DEPARTMENT OF STATE