## 47000 204 799

Office Use Only



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17 OCT -4 PH 3: 65

## COVER LETTER

TO:

New Filing Section

Division of Corporations
SUBJECT: FRONTLine Lawn Care Services 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:
Willie H. Herrin G DK Name of Person
Front Line Lawn Care Services LLC Firm/Company
102 EIM AVC. Address
Havana, Fl. 32333 City/State and Zip Code
City/State and Zip Code  Tw 50n 1234 @ Vahoo. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Willie H. Herring JR at (850) 510-8226  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy  (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

<u>Principal</u>	l Office Address:	Mailing Address:
-Havana,	AVE F1. 32333	SAME
(The Limited Liability Company of another business entity with an ac	ctive Florida registration.)  ddress of the registered agent are:	Agent. You must designate an individual or
	(1): 11.0 H	erino DK
	Name	
		AVE

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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member Henry Herrinedt "MGR" = Manager (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

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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FRONT Line Lane Care Services LLC document number L160000 82994

10-4-17 Wille H. Herring for

MII BOT -4 PM 4:11

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