

L17000216280

(Requestor's Name)

(Address)

(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



900304079299

10/18/17--01017--007 \*\*125.00

17 OCT 18 PM 12: 25  
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AQUATIC WEED HARVEST AND REMOVAL 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:

JAMES A NOBLES JR  
Name of Person

AQUATIC WEED HARVEST AND REMOVAL LLC  
Firm/Company

20305 COUNTY ROAD 42  
Address

UMATILLA, FL 32784  
City/State and Zip Code

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

For further information concerning this matter, please call:

JAMES A NOBLES JR at (478) 246-3783  
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**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration 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:

AQUATIC WEED HARVEST AND REMOVAL LLC

(Must end with 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:

Mailing Address:

20305 COUNTY ROAD 42  
UMATILLA, FL 32784

20305 COUNTY ROAD 42  
UMATILLA, FL 32784

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:

JAMES A NOBLES JR

Name

20305 COUNTY ROAD 42

Florida street address (P.O. Box NOT acceptable)

UMATILLA

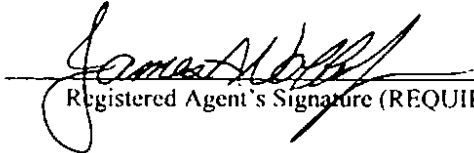
City

FL 32784

Zip

RECORDED AT STATE  
TALLAHASSEE FLORIDA  
OCT 18 PM 12: 22

*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..*

  
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

MGR

**Name and Address:**

JAMES A NOBLES JR

20305 COUNTY ROAD 42

UMATILLA, FL 32784

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

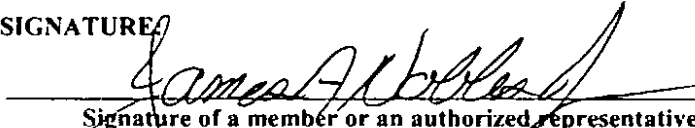
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

JAMES A NOBLES JR

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)

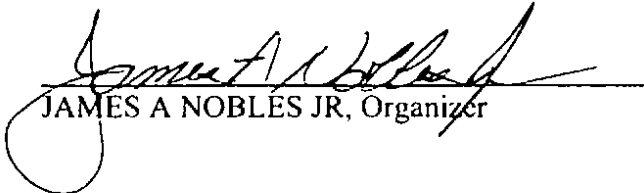
17 OCT 18 PM 12:22  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

AQUATIC WEED HARVEST AND REMOVAL LLC  
20305 COUNTY ROAD 42  
UMATILLA, FL

**INITIAL LIST OF MEMBERS**

The following named person(s) shall constitute the initial members of AQUATIC WEED HARVEST AND REMOVAL LLC:

JAMES A NOBLES JR  
20305 COUNTY ROAD 42  
UMATILLA, FL 32784

  
JAMES A NOBLES JR, Organizer

10/15/17  
Date