

L17000222338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

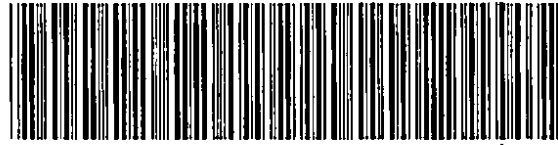
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400303918544

10/12/17--01022--011 **169.06

17 OCT 26 PM 3:58
SECURITY & STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: TRANSFORMATIONS LANDSCAPE 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:

DAVID S SWEAT

Name of Person

Firm/Company

959 NARCISSUS ST

Address

NORTH FORT MYERS, FL 33903

City/State and Zip Code

TRANSFORM4U@ICLOUD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID SWEAT

239

825-1776

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2017

DAVID S SWEAT
959 NARCISSUS ST
NORTH FORT MYERS, FL 33903

SUBJECT: TRANSFORMATIONS LANDSCAPE LLC
Ref. Number: W17000081659

We have received your document for TRANSFORMATIONS LANDSCAPE LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 417A00020722

TRANSFORMATIONS LANDSCAPE LLC
959 NARCISSUS ST
NORTH FORT MYERS, FL 33903
239-825-1776

October 5, 2017

New filing section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

This is to inform you that this is the same limited liability company as L17000171483 that was filed electronically on August 11, 2017 with an effective date of August 8, 2017.

I originally filled out the paperwork incorrectly so I filed for a dissolution on September 29, 2017 therefore, I have submitted new Articles of Organization for your approval.

Sincerely,

A handwritten signature in cursive script that reads "David S. Sweat". The signature is written in black ink and is positioned above the printed name.

David S. Sweat

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TRANSFORMATIONS LANDSCAPE 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:

959 NARCISSUS ST

NORTH FORT MYERS, FL 33903

Mailing Address:

959 NARCISSUS ST

NORTH FORT MYERS, FL 33903

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:

DAVID SWEAT

Name

959 NARCISSUS ST

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

NORTH FORT MYERS

FL

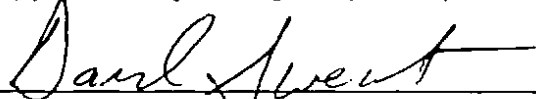
33903

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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 OCT 26 PM 3:28

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:

DAVID SWEAT

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10/01/2017. (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:



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.

DAVID SWEAT

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 26 PM 3:39
CLERK OF STATE
TALLAHASSEE, FLORIDA