

L18000021579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

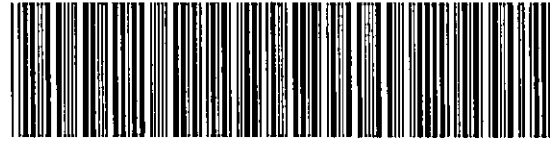
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/24/18--01014--016 \*\*125.00

FILING CANCELLED  
RETURNED CHECK

FILED  
18 JAN 24 AM 8:37  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FL 32301

JAN 26 2018

K. Brumbley

COVER LETTER

FILING CANCELLED  
RETURNED CHECK

TO: New Filing Section  
Division of Corporations

SUBJECT: GREEN WIZARD LAWN CARE, 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:

KEITH D. HARRIS

Name of Person

APEX ACCOUNTING SOLUTIONS & TAX SERVICES, INC.

Firm/Company

4610 CENTRAL AVENUE, SUITE E

Address

SAINT PETERSBURG, FL 33711

City/State and Zip Code

INFO@APEXACCOUNTINGSOLUTION.COM

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

For further information concerning this matter, please call:

KEITH D. HARRIS      727      233-1947  
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GREEN WIZARD LAWN CARE LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

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RETURNED CHECK**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

3741 38th Way South

Unit D

Saint Petersburg, FL 33711

Mailing Address:

PO Box 48163

Saint Petersburg, FL 33743

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:

Keith D. Harris

Name

4610 Central Avenue, Suite E

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

Saint Petersburg

FL

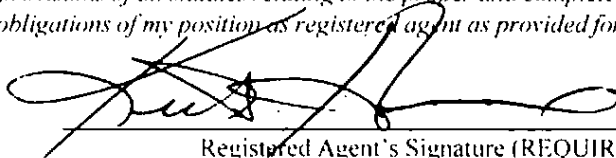
33711

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)

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18 JAN 24 AM 8:37  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF ST. PETERSBURG, FLORIDA

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## ARTICLE IV-

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

### Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

### Name and Address:

Joshua Swisher

3741 38th Way South, Apt D

Saint Petersburg, FL 33711

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

Joshua W. Swisher

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)