

L18000111539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

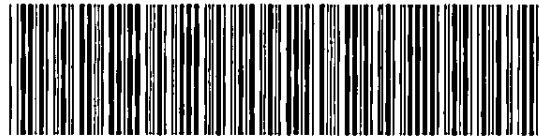
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FILED
2018 MAY -9 AM 10:31
CLERK OF STATE
HALL ASSESSED 51 0913

FILED
2018 MAY -9 AM 10:35
CLERK OF STATE
HALL ASSESSED 51 0913

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Cutting Edge Tree Care
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:

Christopher Douglas Ryant Defend
Name of Person

3082 Shadeville Rd. (as of 6-1-18)
Address

Crawfordville, FL, 32327
City/State and Zip Code

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

For further information concerning this matter, please call:

Chris Defend at (850) 566-9187
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$150.00 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:

Cutting Edge Tree Care, 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:

3082 Shadeville Rd.
Crawfordville, FL
32327

Mailing Address:

3082 Shadeville Rd.
Crawfordville, FL 32327

as of
6-1-18

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:

Christopher Defend
Name
3082 Shadeville Rd
Florida street address (P.O. Box NOT acceptable)
Crawfordville, FL, 32327
City State Zip

SECRETARY OF STATE
CIVIL ASSET PROTECTION

2018 MAY -9 AM 10:36

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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..

Chris Defend
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

Owner/manager

Name and Address:

Christopher Defend
3082 Shadeville Rd.
Crawfordville, FL, 32327

SECRETARY OF STATE
HALLAMSBEE, FL 32310

2016 MAY - 9 AM 10:36

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5-9-18 (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:

Chris Defend

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.

Christopher Defend
Typed or printed name of signer

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)