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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 MAY 23 PM 1:04

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D O'KEEFE

MAY 30 2018

W18-40904



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 2, 2018

DEVEN BROOKS  
4085 MARIANNA RD.  
JACKSONVILLE, FL 32217

SUBJECT: BROOKS LAWN CARE LLC  
Ref. Number: W18000040904

We have received your document for BROOKS LAWN CARE 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 document must contain both the street address of the principal office and the mailing address of the entity.

Please indicate Title for individual listed in Article IV.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 218A00008981

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

RECEIVED  
2018 MAY 23 PM 12:09

SUBJECT: Brooks Lawn Care LLC  
Name of Limited Liability Company

REGISTRATION  
COMMERCIAL  
SERVICES

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deven Brooks

Name of Person

Firm/Company

4085 Marianna Rd

Address

Jacksonville, Florida 32217

City/State and Zip Code

Brooksdeven@gmail.com

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

For further information concerning this matter, please call:

Deven Brooks at ( 904 ) 343-7993

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

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Brooks Lawn 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:

4085 Marianna Rd.  
Jacksonville, Florida 32217

Mailing Address:

4085 Marianna Rd.  
Jacksonville, Florida 32217

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:

Erin Hope

Name

4085 Marianna Rd

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

Jacksonville Florida 32217

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.

Erin Hope

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, 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

**Name and Address:**

AMBR

DEVEN BROOKS  
408 J MARIANNA RD.  
JACKSONVILLE, FLORIDA 32217

(Use attachment if necessary)

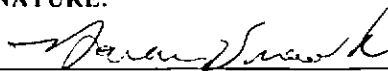
**ARTICLE V:** Effective date, if other than the date of filing: May 25, 2018 (OPTIONAL)

(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.

DEVEN BROOKS

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)

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