

18 DEC -7 AM 8:41



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2018

HECTOR NEGRON
22 BROADWAY
KISSIMMEE, FL 34741

SUBJECT: DOBBLE TREE LANDSCAPING MANAGEMENT
Ref. Number: W18000079418

We have received your document for DOBBLE TREE LANDSCAPING MANAGEMENT and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE SUBMITTED ONE FILING FEE WITH TWO DIFFERENT DOCUMENTS. PLEASE LET ME KNOW WHAT EXACTLY YOU WOULD LIKE TO FILE. THE MONEY YOU SENT IS NOT ENOUGH TO COVER A REGISTERED AGENT REGISTRATION AS WELL AS ARTICLES OF ORGANIZATION.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 518A00018297



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 24, 2018

HECTOR NEGRON
22 BROADWAY
KISSIMMEE, FL 34741

SUBJECT: DOBBLE TREE LANDSCAPING MANAGEMENT
Ref. Number: W18000079418

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Keyna E Page
Regulatory Specialist II

Letter Number: 518A00018297



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2018

HECTOR NEGRON
22 BROADWAY
KISSIMMEE, FL 34741

SUBJECT: DOBBLE TREE LANDSCAPING MANAGEMENT
Ref. Number: W18000079418

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Keyna E Page
Regulatory Specialist II

Letter Number: 518A00018297

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dobbletree Landscape Management 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:

22 Browderway Suite 117
Kissimmee FL 34741
Office 9115

Mailing Address:

22 Browderway Suite 117
Kissimmee FL 34741

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:

Hector Negrón
Name
22 Browderway
Florida street address (P.O. box NOT acceptable)
Kissimmee FL 34741
City 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.,

Hector Negrón
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

RECEIVED
DIVISION OF REVENUE
DEC 27 AM 8:41
TALLAHASSEE, FLORIDA

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:

Hector Negron
655 McKinley Ct
Kissimmee FL 34758

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 108. 16 - 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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Hector Negron

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.)

Hector Negron

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)

NOTARY PUBLIC
STATE OF FLORIDA
18 DEC -7 AM 8:41
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DobbleTree LANDSCAPE MANAGEMENT
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:

Hector Negron
Name of Person

DobbleTree LANDSCAPE MANAGEMENT
Firm/Company

22 BROADWAY KISSIMMEE FL 34741
Address

KISSIMMEE FL 34741
City/State and Zip Code

NHECTOR22914@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Hector Negron at (407) 952-8732-321-746-9626
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