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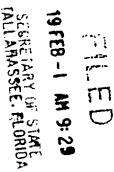
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COVER LETTER .

10.	Division of Corporations
citin ar	North Pinellas Landscaping, LLC
SUBJE	Name of Limited Liability Company
The enc	closed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Bailey Patrick Fowler
	Name of Person
	North Pinellas Landscaping, LLC
	Firm/Company
	2437 Seneca Ct
	Address
	Palm Harbor, FL 34683
	City/State and Zip Code Bailey98fowler@gmail.com
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	Bailey Fowler 727 4638235
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.00	O Filing Fee S130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

North Pinellas Lands	 			_
(Must c	ontain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")	
FICLE II - Address:				
mailing address and stree	t address of the principal o	ffice of the Limited	Liability Company is:	
<u>Prin</u>	cipal Office Address:		Mailing Address:	
2437 Seneca Ct, Pal	m Harbor, FL 34683	2437	Seneca Ct, Palm Harbor, FL 34683	
			·	
				
TICLE III - Registered	Agent, Registered Office.	& Registered Ages	nt's Signature:	
	Agent, Registered Office,			
e Limited Liability Comp		Registered Agent.	nt's Signature: You must designate an individual or	- - 2. 19
e Limited Liability Comp	any cannot serve as its own	Registered Agent.		19 FI
e Limited Liability Comp ther business entity with	any cannot serve as its own	Registered Agent. on.)		19 F CB
e Limited Liability Comp ther business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. on.)		19 FEB - I
e Limited Liability Comp ther business entity with	any cannot serve as its own an active Florida registratio	Registered Agent. on.) I agent are:		19 FEB - 1
e Limited Liability Comp ther business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. on.)		19 FEB - 1 AM
e Limited Liability Comp ther business entity with	any cannot serve as its own an active Florida registration eet address of the registered	Registered Agent. on.) I agent are:		19 FEB - 1 AN Y
e Limited Liability Comp ther business entity with	any cannot serve as its own an active Florida registration eet address of the registered Bailey Patrick Fowler	Registered Agent. on.) I agent are: Name	You must designate an individual or	19 FEB - 1 AN YEAR
e Limited Liability Comp ther business entity with	any cannot serve as its own an active Florida registration eet address of the registered Bailey Patrick Fowler 2437 Seneca Ct	Registered Agent. on.) I agent are: Name	You must designate an individual or	

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)

"AMBR" = Authorized Mem	Name and Address:
"MGR" = Manager	Bailey Fowler 2437 Seneca Ct, Palm Harbor, Ft. 34683
	Pas
	
(Use attachment if necessary)	
TLE V: Effective date, if other the flective date is listed, the date of filing.)	the date of filing: 2/1/2019 (OPTIONAL) it be specific and cannot be more than five business days prior to or 90
CLE V: Effective date, if other the frective date is listed, the date of filing.) If the date inserted in this block	es not meet the applicable statutory filing requirements, this date will no
TLE V: Effective date, if other the frective date is listed, the date of filing.) If the date inserted in this block cument's effective date on the E	es not meet the applicable statutory filing requirements, this date will no
TLE V: Effective date, if other the frective date is listed, the date of filing.) If the date inserted in this block cument's effective date on the E	es not meet the applicable statutory filing requirements, this date will no
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CLE V: Effective date, if other the ffective date is listed, the date of filing.) If the date inserted in this block the date on the Exament's effective date on the Exament's Other provisions, if any REQUIRED SIGNATURE.	es not meet the applicable statutory filing requirements, this date will no rtment of State's records.
CLE V: Effective date, if other the effective date is listed, the date of filing.) If the date inserted in this block cument's effective date on the ECLE VI: Other provisions, if any REQUIRED SIGNATURE. Signate This docume I am aware the	es not meet the applicable statutory filing requirements, this date will no

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

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)