L19000045027

(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



800324491518

02/15/19--01015--008 **160.00

ALL MAKSSEL, FLORIDA

Office Use Only

COVER LETTER

	v Filing Section ision of Corporations	
SUBJECT:	Nic's Tree	Service LLC
300,1.01.	Name of Li	mited Liability Company
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.
Please return	all correspondence concerning this m	natter to the following:
_	Nichol W	hitsel Robinson
		Name of Person
_		Firm/Company
	1	4191 SE 85th Terr.
-		Address
		Inglis, FL. 34449
_		City/State and Zip Code
	nicro	binson00@yahoo.com
		d for future annual report notification)
For further info	ormation concerning this matter, pleas	se call:
_	Nichol Robinson at (at (352) 400-5263 Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filir	ng Fee \$\int \\$130.00 \text{Filing Fee & Certificate of Status}	\$155.00 Filing Fee & X \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Status & Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Nic's Tree S	Service LLO	ro,
(Must contain th	e words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
he mailing address and street addres	s of the principal of	office of the Lim	ited Liability Company is:
Principal Of	Tice Address:		Mailing Address:
14191 SE 85th Tern			14191 SE 85th Terr.
Inglis, FL, 34449			Inglis, FL, 34449
RTICLE III - Registered Agent, F	ot serve as its owr	n Registered Age	gent's Signature:
ARTICLE III - Registered Agent, F The Limited Liability Company cann nother business entity with an active	ot serve as its owr Florida registration	n Registered Age on.)	
ARTICLE III - Registered Agent, F	of serve as its own Florida registrations ss of the registered	n Registered Age on.) d agent are:	gent's Signature:
ARTICLE III - Registered Agent, For The Limited Liability Company cannuother business entity with an active	of serve as its own Florida registrations ss of the registered	n Registered Age on.)	gent's Signature:
ARTICLE III - Registered Agent, For The Limited Liability Company cannuother business entity with an active	of serve as its own Florida registrations ss of the registered Nichol WI	n Registered Age on.) d agent are: nitsel Robinson	gent's Signature: nt. You must designate an individual o
ARTICLE III - Registered Agent, For The Limited Liability Company cannuother business entity with an active the name and the Florida street address.	of serve as its own Florida registrations ss of the registered Nichol WI	n Registered Age on.) d agent are: nitsel Robinson Name 91 SE 85th Ter	gent's Signature: nt. You must designate an individual o
ARTICLE III - Registered Agent, For The Limited Liability Company cannunother business entity with an active the name and the Florida street addre	ot serve as its own Florida registrations ss of the registered Nichol WI	n Registered Age on.) d agent are: nitsel Robinson Name 91 SE 85th Ter	gent's Signature: nt. You must designate an individual o

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)

14 15 BM 3:41

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

Title:		Name and Address:		
"AMBR" = Authorized	Member			
"MGR" = Manager MGR		Nichol Whitsel Robinson		
NICIK	-	14191 SE 85th Terr.		
		Inglis, FL 34449		
				_
AMBR	_	William Ray Robinson		_
		_14191 SE85th Terr		_
		Inglis, FL 34449		_
	•			-
		·		-
				-
	•			-
				-
				-
(Use attachment if nece	ssary)			
	* /			
Tective date is listed, the of filing.) If the date inserted in this	date must be specific and	. (O cannot be more than five business da pplicable statutory filing requirements, records.	ys prior to or !	
Tective date is listed, the of filing.) If the date inserted in this	date must be specific and block does not meet the ap the Department of State's	cannot be more than five business da opticable statutory filing requirements,	ys prior to or !	
Tective date is listed, the of filing.) If the date inserted in this iment's effective date on IEVI: Other provisions.	date must be specific and block does not meet the ap the Department of State's if any.	cannot be more than five business da opticable statutory filing requirements,	ys prior to or !	
Tective date is listed, the of filing.) If the date inserted in this iment's effective date on	date must be specific and block does not meet the ap the Department of State's if any.	cannot be more than five business da opticable statutory filing requirements,	ys prior to or !	
Tective date is listed, the of filing.) If the date inserted in this iment's effective date on I.E. VI: Other provisions, REQUIRED SIGNAT	block does not meet the ap the Department of State's if any.	cannot be more than five business day opticable statutory filing requirements, records.	this date will n	
ective date is listed, the of filing.) If the date inserted in this ment's effective date on .E. V1: Other provisions, REQUIRED SIGNAT	block does not meet the ap the Department of State's if any. URE: ignature of a member or	pplicable statutory filing requirements, records. Laboration Records.	this date will n	ot be
ective date is listed, the of filing.) If the date inserted in this ment's effective date on .E. VI: Other provisions, REQUIRED SIGNAT S This do	block does not meet the aputhe Department of State's if any. URE: ignature of a member or accument is executed in accomment.	pplicable statutory filing requirements, records. La Landson an authorized representative of a me ordance with section 605.0203 (1) (b).	this date will n	ot be
ective date is listed, the of filing.) If the date inserted in this ment's effective date on .E. V1: Other provisions, REQUIRED SIGNAT S This do I am av	block does not meet the ap the Department of State's if any. URE: ignature of a member or a coument is executed in accounter that any false informat	cannot be more than five business day opticable statutory filing requirements, records. Constant Application and authorized representative of a metal ordance with section 605.0203 (1) (b), to submitted in a document to the Deptation and the company of the comp	this date will n	- s.
rective date is listed, the of filing.) If the date inserted in this ment's effective date on .E. VI: Other provisions, REQUIRED SIGNAT S This do I am av	block does not meet the ap the Department of State's if any. URE: ignature of a member or a comment is executed in accordance that any false informatives a third degree felony as	cannot be more than five business day opticable statutory filing requirements, records. Constant an authorized representative of a meteordance with section 605.0203 (1) (b), it ion submitted in a document to the Depter provided for in s.817.155, F.S.	this date will need the control of t	s.
ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, REQUIRED SIGNAT S This do I am av	block does not meet the aputhe Department of State's if any. URE: ignature of a member or accurate that any false informatites a third degree felony as Nich	cannot be more than five business day pplicable statutory filing requirements, records. Applicable statutory filing requirements, records. an authorized representative of a metordance with section 605.0203 (1) (b), it ion submitted in a document to the Depto sprovided for in s.817.155, F.S. sol Whitsel Robinson	this date will need the control of t	- s. e
rective date is listed, the of filing.) If the date inserted in this iment's effective date on .E. VI: Other provisions, REQUIRED SIGNAT S This do I am av	block does not meet the aputhe Department of State's if any. URE: ignature of a member or accurate that any false informatites a third degree felony as Nich	cannot be more than five business day opticable statutory filing requirements, records. Constant an authorized representative of a meteordance with section 605.0203 (1) (b), it ion submitted in a document to the Depter provided for in s.817.155, F.S.	this date will need the control of t	iot be
ective date is listed, the of filing.) The date inserted in this ment's effective date on EVI: Other provisions, REQUIRED SIGNAT S This do I am av	block does not meet the ap the Department of State's if any. URE: ignature of a member or occument is executed in accovare that any false informatites a third degree felony as Nich	cannot be more than five business day opplicable statutory filing requirements, records. An authorized representative of a mean authorized representative of a mean authorized in a document to the Depter provided for in s.817.155, F.S. Sol Whitsel Robinson or printed name of signee	this date will need the control of t	- s. e 19
rective date is listed, the of filing.) The date inserted in this ment's effective date on s.E. VI: Other provisions, REQUIRED SIGNAT S This do I am aw constitute.	block does not meet the ap the Department of State's if any. URE: ignature of a member or secument is executed in accordance that any false informations a third degree felony as Nich Typed of	pplicable statutory filing requirements, records. An authorized representative of a metordance with section 605,0203 (1) (b), so ion submitted in a document to the Deptor printed name of signce. Filing Fees:	this date will not this date will not this date will not the same that t	ot be
rective date is listed, the of filing.) The date inserted in this ment's effective date on E. VI: Other provisions, REQUIRED SIGNAT S This do I am aveconstitute.	block does not meet the ap the Department of State's if any. URE: ignature of a member or acceptant is executed in acceptant is executed in acceptant at the appearance of the acceptant is executed in acceptant at any false information at the athird degree felony as a Nich Typed of Articles of Organization.	cannot be more than five business day opplicable statutory filing requirements, records. An authorized representative of a mean authorized representative of a mean authorized in a document to the Depter provided for in s.817.155, F.S. Sol Whitsel Robinson or printed name of signee	this date will not this date will not this date will not the same that t	ot be
SThis do Lam av constitute \$ 30.00 Certified Co	date must be specific and block does not meet the ap the Department of State's if any. URE: ignature of a member or secure that any false informatites a third degree felony as Nich Typed or Articles of Organizatio opy (Optional)	pplicable statutory filing requirements, records. An authorized representative of a metordance with section 605,0203 (1) (b), so ion submitted in a document to the Deptor printed name of signce. Filing Fees:	this date will not this date will not this date will not the same that t	s. e 19 FEB -
rective date is listed, the of filing.) If the date inserted in this iment's effective date on in it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this iment's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date inserted in this imen's effective date on it. If the date in this imen's effective date on it. If the date in this imen's effective date on	block does not meet the ap the Department of State's if any. URE: ignature of a member or acceptant is executed in acceptant is executed in acceptant at the appearance of the acceptant is executed in acceptant at any false information at the athird degree felony as a Nich Typed of Articles of Organization.	pplicable statutory filing requirements, records. An authorized representative of a metordance with section 605,0203 (1) (b), so ion submitted in a document to the Deptor printed name of signce. Filing Fees:	this date will not this date will not this date will not the same that t	ot be 19 FEB 15 PM
sective date is listed, the of filing.) The date inserted in this ment's effective date on E. VI: Other provisions, REQUIRED SIGNAT S This do I am aveconstitute \$125.00 Filing Fee for \$30.00 Certified Co	date must be specific and block does not meet the ap the Department of State's if any. URE: ignature of a member or secure that any false informatites a third degree felony as Nich Typed or Articles of Organizatio opy (Optional)	pplicable statutory filing requirements, records. An authorized representative of a metordance with section 605,0203 (1) (b), so ion submitted in a document to the Deptor printed name of signce. Filing Fees:	this date will not this date will not this date will not the same that t	19 FEB 15