

L19000061161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

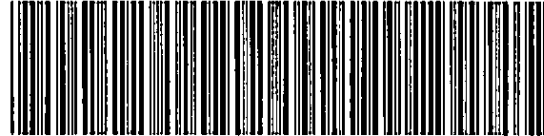
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 MAR 11 AM 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 12 2019

**STATE OF FLORIDA, DOS,  
CORPORATIONS**

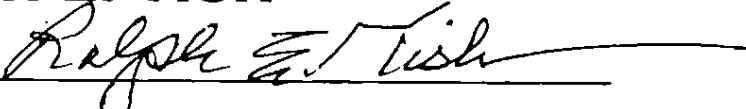
**TLC LANDSCAPE CONTRACTORS, INC.  
WILL NOT REINSTATE TO CONTINUE**

**P01000011664**

**ENCLOSED IS OUR APPLICATION TO  
OPEN A LLC UNDER THE NAME  
TLC LANDSCAPE CONTRACTORS, LLC**

**SIGNED BY PRESIDENT OF  
TLC LANDSCAPE CONTRACTORS, INC.**

**RALPH E. TISH**

A handwritten signature in cursive script, reading "Ralph E. Tish", is written over a horizontal line.

**THIS DAY: FEB. 6, 2019**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 4, 2019

RALPH TISH  
8039 BLUE SMOKE DRIVE  
TALLAHASSEE, FL 32312

SUBJECT: TLC LANDSCAPE CONTRACTORS, LLC  
Ref. Number: W19000016868

We have received your document for TLC LANDSCAPE CONTRACTORS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Most financial institutions require the name(s) and address(es) of persons authorized to manage the limited liability company be listed on our records in order for the business entity to open a bank account. You may wish to revise your document to include the name, address, and title of such persons. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 719A00003602

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY



TLC Landscape  
Contractors, LLC.  
8039 Blue Smoke Drive  
Tallahassee, FL 32312

ARTICLE I - Name:

The name of the Limited Liability Company is:

TLC LANDSCAPE CONTRACTORS, 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:

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

RAULF E. TISH  
Name

\_\_\_\_\_  
Florida street address (P.O. Box NOT acceptable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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TALLAHASSEE, FLORIDA

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.

Ralph E. Tish  
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

Name and Address:

RALPH E. TISH

8039 BLUE SMOKE DR

TAL FL 32712

STATE OF FLORIDA  
TALLAHASSEE

19 MAR 11 AM 9:48

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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:

Ralph E. Tish

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.

RALPH E TISH

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)