# 119000153435

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

K. PAGE
JUN 2 0 70"



800330192508

08/10/19- 01018--011 \*\*108.00

SEURELARY OF STATE

## COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJEC	Pristine Lawns and Landscapin	ng, LLC -	
SUBJEC		Limited Liabil	ity Company
The encl	osed Articles of Organization and feets	s) are submitted	I for filing.
Please re	turn all correspondence concerning thi	s matter to the	following:
	Raymond M. Warren		
		Name of	Person
		Firm/Cc	mpany
	5945 Doraville Drive		
		Addr	ress
	Port Orange, FL 32127		
	RacingRay241@yahoo.com	City/State an	id Zip Code
	E-mail address: (to be t	ised for future :	innual report notification)
For furthe	r information concerning this matter, pl	ease call:	
	Raymond M. Warren	386	214-7323
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	his a check for the following amount:		
\$125.00	Filing Fee S130.00 Filing Fee & Certificate of Status	LJ. Certiti	00 Filing Fee & S160.00 Filing Fee, ed Copy Certificate of Status & al copy is enclosed) 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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Ā	R1	T	Cl	Æ	I-	Name:	
---	----	---	----	---	----	-------	--

The name of the Limited Liability Company is:

Pristine Lawns and Landscaping, 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:
5945 Doraville Drive	5945 Doraville Drive
Port Orange, FL 32127	Port Orange, FL 32127

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:

Raymond M. Warren		
	Name	
5945 Doraville Drive		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	ceptable)
Port Orange	FL	32127
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)



### ARTICLE IV-

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

"AMBR" = At	thorized Member	Name and Address:		
"MGR" = Mar	ager			
MGR	<del></del>	Raymond M. Warren	_	
		5945 Doraville Drive	_	
	<u> </u>	Port Orange, FL 32127	_	
	<del></del>		_	
	-		-	
	-	<del></del>	_	
			_	
			_	
			_	
			_	
			_	
	_			
(Use attachme	n ii necessary)			
ite of filing.)	sted, the date must be specific and o	• • •	90 uaș	'S 3
te of filing.) If the date insert	·	plicable statutory filing requirements, this date will r	•	
te of filing.) If the date insertectment's effective	ed in this block does not meet the apple date on the Department of State's r	plicable statutory filing requirements, this date will r	•	
te of filing.) If the date insert	ed in this block does not meet the apple date on the Department of State's r	plicable statutory filing requirements, this date will r	•	
te of filing.) If the date insertectment's effective	ed in this block does not meet the appet date on the Department of State's rovisions, if any.	plicable statutory filing requirements, this date will r	•	
te of filing.) If the date insert cument's effectiv CLE VI: Other pro	ed in this block does not meet the appet date on the Department of State's rovisions, if any.	plicable statutory filing requirements, this date will r	•	
te of filing.)  If the date insert seument's effective CLE VI: Other pro	ed in this block does not meet the appet date on the Department of State's revisions, if any.  GIGNATURE:	plicable statutory tiling requirements, this date will records.	•	
te of filing.) If the date insert becument's effectiv CLE VI: Other pro	ed in this block does not meet the appet date on the Department of State's revisions, if any.  SIGNATURE:  Signature of a member or a	plicable statutory tiling requirements, this date will records.  n authorized representative of a member.	eot be l	
te of filing.) If the date insert becument's effectiv CLE VI: Other pro	ed in this block does not meet the appet date on the Department of State's revisions, if any.  SIGNATURE:  Signature of a member or a This document is executed in account.	n authorized representative of a member. rdance with section 605.0203 (1) (b), Florida Statute	eot be l	
te of filing.)  If the date insert cument's effective.  CLE VI: Other pro-	ed in this block does not meet the appet date on the Department of State's revisions, if any.  GIGNATURE:  Signature of a member or a This document is executed in account am aware that any false information.	n authorized representative of a member. redance with section 605.0203 (1) (b). Florida Statute on submitted in a document to the Department of Statute	eot be l	
te of filing.)  If the date insert seument's effective CLE VI: Other pro	ed in this block does not meet the appet date on the Department of State's revisions, if any.  SIGNATURE:  Signature of a member or a This document is executed in account.	n authorized representative of a member. redance with section 605.0203 (1) (b). Florida Statute on submitted in a document to the Department of Statute	eot be l	
te of filing.) If the date insert becument's effectiv CLE VI: Other pro	Signature of a member or a This document is executed in according that any false informatic constitutes a third degree felony as Raymond M. Warren	n authorized representative of a member. redance with section 605.0203 (1) (b), Florida Statute on submitted in a document to the Department of Statute provided for in s.817.155, F.S.	eot be l	
te of filing.) If the date insert becument's effectiv CLE VI: Other pro	Signature of a member or a This document is executed in according that any false informatic constitutes a third degree felony as Raymond M. Warren	n authorized representative of a member. redance with section 605.0203 (1) (b). Florida Statute on submitted in a document to the Department of Statute	eot be l	
te of filing.) If the date insert cument's effectiv CLE VI: Other pro	Signature of a member or a This document is executed in accordinates a third degree felony as  Raymond M. Warren  Typed of	n authorized representative of a member. redance with section 605.0203 (1) (b), Florida Statute on submitted in a document to the Department of Statute provided for in s.817.155, F.S.	eot be l	

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)