## 1900058055

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ac                     | idress)            |                 |
| (Ad                     | ldress)            |                 |
| (Cit                    | ty/State/Zip/Phone | <del>: #)</del> |
| PICK-UP                 | WAIT               | MAIL            |
| (Bu                     | rsiness Entity Nam | ne)             |
| (Do                     | ocument Number)    |                 |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |

Office Use Only



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19 JUN 26 PM 7: 24
SECRETARY OF STATE
AND ABASSEF FROM 15

## COVER LETTER

|               | ew Filing Section<br>ivision of Corporations         |  |
|---------------|--|--|
| SUBJECT       | : ON-THE-Spot LAND                                   | nited Liability Company  |
| The enclose   | ed Articles of Organization and fee(s) a             | re submitted for filing.   |
| Please retu   | rn all correspondence concerning this m              | atter to the following:  |
|               | Typone Mooke   |  |
|               | ,.   | Name of Person   |
|               |  |  |
|               |  |  |
|               | 203 TAMES HING                                       | ion DR   |
|               | 203 JAMES HINS                                       | Address  |
|               | Midway   | F/L 32343  City/State and Zip Code  Lob Qyphoo.com   |
|               |  | City/State and Zip Code  |
| -             | E-mail address: (to be use                           | d for future annual report notification)   |
| For further i | nformation concerning this matter, pleas             | se call:   |
|               | Typoue Mosks at (                                    | Area Code Daytime Telephone Number   |
| Enclosed i    | s a check for the following amount:                  |  |
| \$125.00 F    | iling Fee S130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
|               | Mailing Address                                      | Street Address   |
|               | New Filing Section Division of Corporations          | New Filing Section Division of Corporations  |
|               | P.O. Box 6327<br>Tallahassee, FL 32314               | Clition Building 2661 Executive Center Circle  |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| The name of the Limited Liability Company is:   |          |
|---|----------|
| ON-THE-Spot LAW SCAPING AN DEGRES HAN   | ling 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: |
|---------------------------|------------------|
| 1550 S.W. CAPITAL CIRCLE  |                  |
| TALLA, -12310 #3          |                  |
|                           |                  |

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:

ARTICLE 1 - Name:

Typone Moore

Name

203 Jame Honson Drue

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

Midway Fla 32343

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.

Tyrusue M-5DR
Registered Agent's Signature (REQUIRED)

(CONTINUED)

| "MGR" = Manager  |   |
|--|---|
|  | TYPONE MOOKE  |
|  | JUBINE MOORE  JOS TAMES HINSON DRIVE  MIZWAY, FLA. 32343  |
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| (1 la contrado mante de la consegue)   |   |
| (Use attachment if necessary)  |   |
| an effective date is listed, the date must be spec   | f filing: (OPTIONAL)<br>ific and cannot be more than five business days prior to or 90 days after   |
| <ul> <li>date of filing.)</li> <li>ote: If the date inserted in this block does not mee</li> <li>document's effective date on the Department of</li> </ul> | eet the applicable statutory filing requirements, this date will not be listed a State's records.   |
| RTICLE VI: Other provisions, if any,   |   |
|  |   |
|  |   |
|  |   |
| REQUIRED SIGNATURE:  | W-100   |
| REOUIRED SIGNATURE:  | MINE nber or an authorized representative of a member.  |
| Signature of a mer This document is execute 1 am aware that any false  | nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155. F.S. |

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)

19 JUN 26 PH 7: 24

OLGRETARY OF STATE
OHLASSEE, FLORING

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| he name of the                  | Limited Liability Company is:                         |                                   |             |         |     |
|---------------------------------|---|-----------------------------------|-------------|---------|-----|
|                                 | ON-THE-Spot   | Landscaping                       | AN DEGRES   | HAULING | LLC |
|                                 | (Must contain the words "Limited                      | Liability Company, "L.L.C"        | or "LLC.")  | •       |     |
| ARTICLE II -<br>The mailing add | Address:<br>fress and street address of the principal | office of the Limited Liability ( | Company is: |         |     |

| Principal Office Address: | Mailing Address: |
|---------------------------|------------------|
| 1550 S.W. CAPITAL CIRCLE  |                  |
| TAMA, FIA 32310 #3        |                  |
|                           |                  |

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:

ARTICLE I - Name:

Name

203 Jame Honson Deve

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

Milway Fla 32343

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 603, F.S..

Tyrane M. 522e

Registered Agent's Signature (REQUIRED)

(CONTINUED)

| <u>`itle:</u><br>AMBR" = Autho   |   | Name and Address:  |
|--|---|--|
| MGR" = Manag<br>MGP  | er  | TURNE MORKE  |
| N(C)-  | <del></del>   | TYPONE MOOKE<br>203 JAMES HUSSON DRIVE<br>MILLIAM, FLA. 32343  |
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| Lion ottoohmant  | if necessary)   |  |
| V: Effective da<br>ctive date is liste<br>filing.)<br>he date inserted   | ate, if other than the date of fed, the date must be specified in this block does not meet  | ic and cannot be more than five business days prior to or 90 days the applicable statutory filing requirements, this date will not be statutory from the applicable statutory filing requirements.   |
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| V: Effective date is lister filing.) the date inserted ment's effective of VI: Other proventials.  | ate, if other than the date of fed, the date must be specifically in this block does not meet date on the Department of Strisions, if any.  GNATURE:  Signature of a membral of a document is executed 1 am aware that any false in                           | the applicable statutory filing requirements, this date will not be state's records.  Live or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State  |
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| V: Effective date is lister filing.) he date inserted itent's effective of the proving the country of the count | ate, if other than the date of fed, the date must be specifically in this block does not meet date on the Department of Strisions, if any.  GNATURE:  Signature of a membrane document is executed 1 am aware that any false in constitutes a third degree to | the applicable statutory filing requirements, this date will not be state's records.  Live or an authorized representative of a member, in accordance with section 605.0203 (1) (b). Florida Statutes, formation submitted in a document to the Department of State flony as provided for in s.817.155. F.S.   |

ARTICLE IV-