L19000198825

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u>-</u>

Office Use Only



300332483343

07/30/19--01014--016 **155.00

19 JUL 30 AM II: L3

C RICO
JUL 3 0 2019

COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Hughes LAWN & Pool CARE LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
George Hughes Name of Person
George Hughes Name of Person Hughes LAWN & Pool CARE LLC Firm/Company
3906 162ND AUE E
PARRISH, FL 34219 City/State and Zip Code
City/State and Zip Code Sonのyh 1230 @ gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S155.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, 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 Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

Hughes LAWN & Pool CARE Lice (Musicontain 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 Of	ffice Address:	
ماد	162 mc	AUE E	3
2.0	:01	24219	\overline{c}

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:

OApriel R Haynes

11481 Summit Rock Court
Florida street address (P.O. Box NOT acceptable)

Parrish, Fl 34219
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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

gent's Signature (REQUIRED)

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
mgr	George Hughes
	3906 162 NA AUE E
	PARKISH, FL 34219
(Use attachment if necessary)	
(Use attachment if necessary)	
CLF.V: Effective date if other than the	date of filing: filing date (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must be	date of filing:
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.)	e specific and cannot be more than five business days prior to or 90 days a
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date inserted in this block does not be the date in this block does not be the date inserted in this block does not be the date in the date in this block does not be the date in this block does not be the date in the	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does recument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does recument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the effective date is listed, the date must be ite of filing.) If the date inserted in this block does recument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be ite of filing.)	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be ite of filing.) If the date inserted in this block does no cument's effective date on the Department of the	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list
CLE V: Effective date, if other than the effective date is listed, the date must be te of filing.) If the date inserted in this block does recument's effective date on the Department.	e specific and cannot be more than five business days prior to or 90 days a not meet the applicable statutory filing requirements, this date will not be list

Filing Fees:

George Hughes
Typed or printed name of signee

I am aware that any false information submitted in a document to the Department of State

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

constitutes a third degree felony as provided for in s.817.155. F.S.

\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-