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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

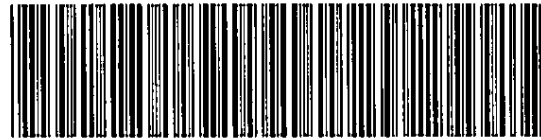
(Business Entity Name)

(Document Number)

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

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SEP 16 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2019

MICHAEL T. HEFLIN  
14030 SW 48TH AVE ROAD  
OCALA, FL 34473

SUBJECT: M&M LAWN CARE  
Ref. Number: W19000038207

2019 SEP 16 AM 11 51

2019 SEP 16 AM 11 51

We have received your document for M&M LAWN CARE and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 119A00018699



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2019

MICHAEL T. HEFLIN  
14030 SW 48TH AVE ROAD  
OCALA, FL 34473

SUBJECT: M&M LAWN CARE  
Ref. Number: W19000038207

We have received your document for M&M LAWN CARE and your checks totaling \$ . However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

PLEASE PLACE THE NAME OF YOUR AUTHORIZED MEMBER WITH THE ADDRESS.

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.

Keyria E Page  
Regulatory Specialist II

Letter Number: 419A00009002

2019 SEP 11 AM 8:18



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 18, 2019

MICHAEL T. HEFLIN  
14030 SW 48TH AVE ROAD  
OCALA, FL 34473

SUBJECT: M&M LAWN CARE  
Ref. Number: W19000038207

We have received your document for M&M LAWN CARE and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 719A00007854

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Magic Mike's Lawn Care  
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:

Michael T. Heflin

Name of Person

MAGIC MIKE'S LAWN CARE

Firm/Company

14030 SW 48th Ave Road

Address

Ocala Florida 34473

City/State and Zip Code

mheflin36@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Heflin

352

792-7674

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &  
Certificate of Status

☐

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐

\$160.00 Filing Fee,  
Certificate of Status &  
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

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Magic Mike's LAWN CAFE 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:14030 SW 48th Ave Road14030 SW 48th Ave RoadOcala Florida 34473Ocala Florida 34473

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Michael T. Heekin MGRM

Name

14030 SW 48th Ave RoadFlorida street address (P.O. Box **NOT** acceptable)OcalaFlorida34473

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.

Michael T. Heekin MGRM

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

Theresa Heftin AMBR

**Name and Address:**

Theresa Heftin AMBR

14020 SW 43th Ave Rd

Ocala FL 34473

(Use attachment if necessary)

**ARTICLE V:** Effective date, 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 provision, if any.**REQUIRED SIGNATURE:**

Signature of 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.

THERESA HEFTIN AMBR

Typed or printed name of signer

**Filing Fees:**

\$175.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$30.00 Certified Copy (Optional)

\$5.00 Certificate of Status (Optional)