L19000286139

(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:					
Office Use Only					



600336717066

11/18/19--01004--017 **125.00

C RICO NOV 18 2019

57:7 KJ 81 ACN 61

DIVISION OF CORPORATIONS

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Badger Lawn 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:	
Robert P. Miller Jr. Name of Person	
Badger Lawn Care, LLC Firm/Company	
4464 Caicas Drive	
Tavares FL 32778 City/State and Zip Code 64 robert pm e gmail com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Robert Millerat (352) 360-9930 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 (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ed)
Mailing Address Now Filing Section New Filing Section	
New Filing Section New Filing Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	PODERT P MILLER JR. 4464 CAICOS DR. 7AVARAGE FL 32778
(Use attachment if necessary)	
If an effective date is listed, the date must be specified the date of filing.) Note: If the date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departmen	t of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	0.11.44

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.

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Αl	RT	Π	C	LE	ı	-	Ν	a	m	e	:
----	----	---	---	----	---	---	---	---	---	---	---

The name of the Limited Liability Company is:

Badger Lavun Care, 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:	<u>Mailing Address</u> :			
Robert P. Miller, Jr.				
4464 Caicas Drive	Same_			
Tayares FL 32778	-			
				

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:

Donil a. Steel

Name

2407 GREANING COURT

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

Leesburg P. 34788
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.,

(CONTINUED)