

L200 0004 5766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

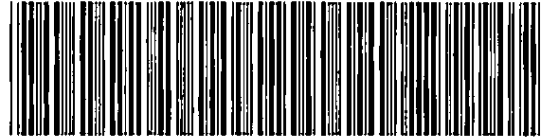
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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20 JAN 27 AM 8:35

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D O'KEEFE

FEB 17 2020

WP9-93862



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 23, 2019

KEITH MOSLEY  
CUT ABOVE LAWN CARE CORPORATION  
1019 E. 24TH AVE.  
TAMPA, FL 33605

SUBJECT: CUT ABOVE LAWN CARE LLC  
Ref. Number: W19000093862

We have received your document for CUT ABOVE LAWN CARE LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

Please complete the section 'Signature(s) on behalf of Other Business Entity: ' in the Articles of Conversion.

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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 819A00021820

20 JUN 27 AM 8:35

January 7, 2020

Florida Department of State – Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

Re: Release of Name for Cut Above Lawn Care Corporation., EIN 26-3055763.

Attn: Daniel L O'Keefe – Regulatory Specialist II

Dear Sir:

Please take this letter as notice of release of the name Cut Above Lawn Care Corporation and Cut Above Lawn Care, LLC. As the President/ Manager of both organizations, I have no intentions of doing business under either organization. Instead, please apply the name to the new organization for which articles are enclosed.

Also, please apply payment that was sent along with the conversion forms as payment for the new articles that are enclosed. Any refunds can be forwarded to the address on file for the LLC.

Sincerely yours,



Keith Mosley  
President/Owner

20 JAN 27 AM 8:35

**COVER LETTER**

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

**SUBJECT:** CUT ABOVE 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:

KEITH MOSLEY  
Name of Person  
CUT ABOVE LAWN CARE LLC  
Firm/Company  
1019 E 24TH AVENUE  
Address  
TAMPA, FLORIDA 33605  
City/State and Zip Code  
CUTABOVELAWNCARE@LIVE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEITH MOSLEY      813      690-1561  
Name of Person      at (      )      Daytime Telephone Number  
Area Code

Enclosed is a check for the following amount:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CUT ABOVE LAWN 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:

1019 E 24TH AVENUE  
TAMPA, FLORIDA 33605

Mailing Address:

1019 E 24TH AVENUE  
TAMPA, FLORIDA 33605

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:

KEITH MOSLEY

Name

1019 E. 24TH AVENUE

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

TAMPA

FLORIDA

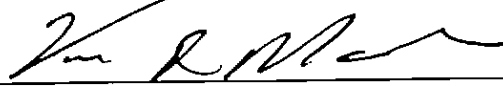
33605

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)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

MGR/AMBR

KEITH MOSLEY  
1019 E. 24TH AVENUE  
TAMPA, FLORIDA 33605

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if 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 provisions, if any.

**REQUIRED SIGNATURE:**



**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.

KEITH MOSLEY

Typed or printed name of signer

**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)

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