

U20000072372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

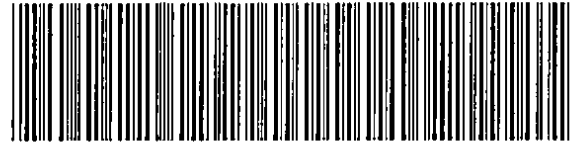
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600341844446

03/11/20--01004--003 \*\*130.00

2020 MAR 10 PM 4:32

2020 MAR 10 PM 2:47

FILED

J. FASON

MAR 10 2020

OFFICE OF THE CLERK  
STATE OF FLORIDA

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Grass Pro's Lawn Landscaping 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:

Eliseo Castillo Miranda  
Name of Person

~~Eliseo Castillo~~  
246 Dupont Avenue  
Address

Quincy, Florida 32351  
City/State and Zip Code

anako510@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ana Parra at ( 850 ) 694-2965  
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  
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:

Gross Pro's Lawn Landscaping LLC  
(Must contain the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

246 Dupont Ave  
Quincy FL 32351

Mailing Address:

246 Dupont Ave  
Quincy FL 32351

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:

Eliseo Castillo Miranda  
Name

246 Dupont Ave  
Florida street address (P.O. Box NOT acceptable)  
Quincy FL 32351  
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.

Eliseo Castillo - m  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2020 MAR 10 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

Name and Address:

Eliseo Castillo Miranda  
246 Dupont Ave  
Quincy FL 32351

Ana Parra Medina  
246 Dupont Ave  
Quincy FL 32351

(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:

Eliseo Castillo - M

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.

Eliseo Castillo Miranda

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)