

L20000009545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

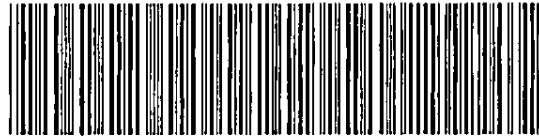
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/24/20--01002--004 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 MAR 23 PM 4:25

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2020 MAR 25 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIGAN

MAR 24 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: GRASS CHOPPER 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:

Kea D. Dole
Name of Person

Grasschoppers
Firm/Company

1789 Capital circle SE
Address

TALLAHASSEE FL 32301
City/State and Zip Code

auto.seminole@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kea D. Dole at (850) 561-0015
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2020 MAR 25 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 24, 2020

GRASS CHOPPER LLC
1789 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

SUBJECT: GRASS CHOPPER LLC
Ref. Number: W20000031028

We have received your document for GRASS CHOPPER LLC and your check(s) totaling \$125.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 020A00006354

FILED

2020 MAR 25 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRASS CHOPPER OF TALLAHASSEE, 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:

1789 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

SAME

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:

FRANK RONG

Name

1963 VILLAGE GREEN WAY

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

TALLAHASSEE

FL

32308

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)

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

IGOR DUGLAS
1789 CAPITAL CIRCLE SE
TALLAHASSEE, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FL

2020 MAR 25 AM 8:41

FILED

(Use attachment if necessary)

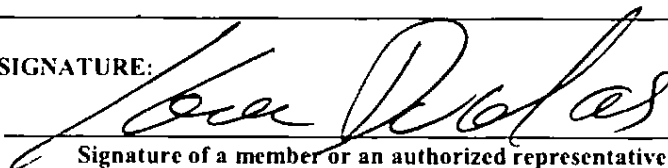
ARTICLE V: Effective date, if other than the date of filing: 3/20/2020. (OPTIONAL)

(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.

IGOR DUGLAS

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)