

L20000273023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

☐ MAIL

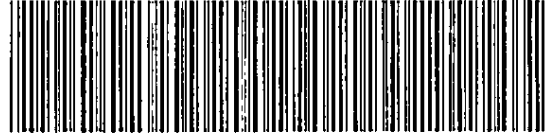
(Business Entity Name)

(Document Number)

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2020 SEP 10 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N CULLIG
SEP 10 2020

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Robert's Lawn Care Service
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:

Demetetius Roberts
Name of Person

Robert's Lawn Care Service
Firm/Company

2353 Mission Rd Apt#213
Address

Tallahassee, FL 32304
City/State and Zip Code

RobertsLawnCare20@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Demetetius Roberts 850 755-2330
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

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 SEP 10 AM 10:24

Robert's Lawn Care Service LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:2353 Mission Rd Apt #213
Tallahassee FL, 32304Mailing Address:2353 Mission Rd Apt #213
Tallahassee FL, 32304

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:

Demetertius Roberts
Name2353 Mission Rd Apt #213
Florida street address (P.O. Box NOT acceptable)Tallahassee FL 32304
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.

Demetertius Roberts

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

MGR

MGR

Name and Address:

Kreshonda Kelly
2353 Mission Rd Apt #213
Tall. FL 32304

Demetritus Roberts
2353 Mission Rd Apt #213
Tall. FL 32304

SECRETARY OF STATE
TALLAHASSEE, FL

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9/9/20 (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.

N/A

REQUIRED SIGNATURE:

Kreshonda Kelly

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.

Kreshonda Kelly
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)