L20000 397119

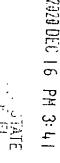
(Requestor's Name)						
(Address)						
(4) (1)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiliess Elluty Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





700356523987

12/18/20--01015--014 **125.80





TO: New Filing Section
Division of Corporations

SUBJECT: M. V. Lawn and Plant Maintenance, 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:

Matt Young					
Name of Person					
M. Y. Lawn and Plant Maintenance, LLC Firm/Company					
Firm/Company					
7520 N.W. 11th Place					
Address					
Plantation, Florida 33313					
City/State and Zip Code					
Dasher 7500@ smail. Com.					
E-mail address: (to be used for future annual report notification)					

For further information concerning this matter, please call:

Matt Young at (954) 316-0318

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee □\$130.00 Fil

☐S130.00 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

١	DΤ	'IC'I	I F	١.	Nat	ma.
٠.	\mathbf{r}	11	464		; 121	ш.

The name of the Limited Liability Company is:

M. V. LAWN AND PLANT MAINTENANCE, LCC (Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:		
7520 NW 1PHA PLACE	SAUTE		
ELANTATION FL 33313			

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:

Name

7520 NW //th Pints

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

PLANTATION, FC 33313

City State 7in

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)

2029 DEC 16 PH 3: 41

ARTICLE IV-

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

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR	MATTHEW YOUR	ين ا
	7520 NW 11th	PERCE
	- PEALUTATION FL	<u></u> ? ろ ズ ノ >
	/	17/13
		
		
		
(Use attachment if necessary)		
-	12 - 11 20	
ARTICLE V: Effective date, if other than the date	e of filing: $\frac{12-11-20}{100}$ (OPTION	AL)
If an effective date is listed, the date must be sp the date of filing.)	pecific and cannot be more than five business days prio	r to or 90 days after
Note: If the date inserted in this block does not	meet the applicable statutory filing requirements, this da	te will not be listed as
the document's effective date on the Department		
ARTICLE VI: Other provisions, if any.		
		
		
REQUIRED SIGNATURE:		
X Malle	Lear Joins	
Signature of a m	nember or an authorized representative of a member.	
This document is execu	uted in accordance with section 605.0203 (1) (b). Florida	
I am aware that any fals constitutes a third degre	se information submitted in a document to the Departmen see felony as provided for in s.817.155, F.S.	t of State
1 00 0 7	THEW YOUNG	
	Typed or printed name of signee	 2929 DE C
	Typed via primed name yor signed	
	Filing Fees:	
\$125.00 Filing Fee for Articles of O \$ 30.00 Certified Copy (Optional)	rganization and Designation of Registered Agent	16
\$ 5.00 Certificate of Status (Optional)	nal)	-0
	4.7 50.	` =
	₩	္က ္
	mi r	다 트