

L210000045046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

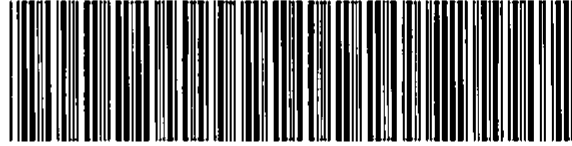
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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02/08/21--01002--002 ♦♦130.00

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21 FEB -5 PM 3:48

2021 FEB -5 AM 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

21862

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Santiago's Lawn Care Services 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:

Carlos Santiago  
Name of Person

Santiago's Lawn Care Services LLC  
Firm/Company

198 Lake Douglas RD  
Address

Whigham, GA 39897  
City/State and Zip Code

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

For further information concerning this matter, please call:

Carlos Santiago at ( 229 ) 421-5745  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" 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.

FILED

2021 FEB -5 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FL

TICLE I - Name:

name of the Limited Liability Company is:

Santiago's Lawn Care Services LLC

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

TICLE II - Address:

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

Principal Office Address:

Mailing Address:

198 Lake Douglas RD

Whigham, GA 39897

198 Lake Douglas RD

Whigham, GA 39897

TICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

e Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or  
ther business entity with an active Florida registration.)

name and the Florida street address of the registered agent are:

Domingo Pedro

Name

2913 Tilden LN

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

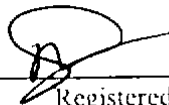
Tallahassee FL 32312

City

State

Zip

ing been named as registered agent and to accept service of process for the above stated limited liability company at the  
e designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I  
ver agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I  
amiliar 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

Carlos Santiago 198 Lake Douglas Rd  
Whigham, GA 39897

AMBR

Janifer Sanchez 198 Lake Douglas Rd  
Whigham, GA 39897

AMBR MGR

Sejlo Santiago 200 Hammatt Rd  
Primo, GA 39828

(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:

Carlos Santiago

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.

Carlos Santiago

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)

2021 FEB -5 AM 9:28  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED