

L21000106149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

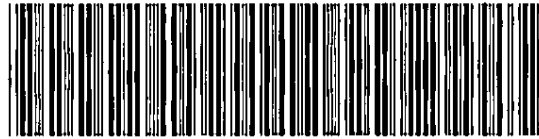
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/15/21--01013--027 **100.00

2021 MAR 15 PM 4:13

2021 MAR 15 PM 3:01

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Roberts Lawn Care
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:

Dustin Roberts

Name of Person

Roberts Lawn Care

Firm/Company

140 Still Rd

Address

Monticello FL 32344

City/State and Zip Code

Dustin Roberts 88@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dustin Roberts at (32344) 850-556-7553
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:

Roberts Lawn Care 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:

140 Still Rd
Monticello FL 32344

Mailing Address:

140 Still Rd
Monticello FL 32344

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:

Dustin Roberts

Name

140 Still Rd

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

Monticello FL 32344

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.

Dustin Roberts

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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 - Dustin

Name and Address:

Dustin Roberts
140 Still Rd
Monticello FL 32344

(Use attachment if necessary)

ARTICLE V: "Effective date," other than the date of filing, 3/16/21 (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.)

Notes: 1. If the date is not listed, the document must meet the appropriate statutory filing requirements on its date of filing. 2. If the date is listed, the document must be filed with the Department of State's records.

ARTICLE VI: Other provisions, if any.

REGISTERED SIGNATURE:

Dustin Roberts

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0263 (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.

Dustin Roberts

Typed or printed name of signer

Filing Fees:

125.00 (Filing fee) + 20.00 (Annual Fee) = 145.00 (Total Filing Fee)