

L21000246361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

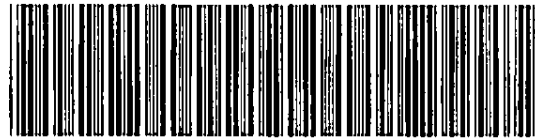
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/16/21--01004--011 **160.00

2021 APR 16 AM 9:54
SECTION OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER*

TO: New Filing Section
Division of Corporations

SUBJECT: SUPERIOR LAWN AND LANDSCAPE 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:

Tina C. Oliver
Name of Person
Firm/Company
1831 Moss Creek Drive
Address
Fleming Island, Florida 32003
City/State and Zip Code
SuperiorLawns777@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina C. Oliver 904 764-4951
Name of Person at () 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

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 5/25/2021

****WALK IN****

ENTITY NAME SUPERIOR LAWN AND LANDSCAPE SERVICES, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXX

XXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$

*Use Credit
from client*

ACCOUNT # 120160000072

[Signature]



FLORIDA DEPARTMENT OF STATE
Sunshine State Corporate Compliance
Company

May 21, 2021

3458 Lakeshore Drive
Tallahassee, FL 32312

~~TINA OLIVER~~
~~1831 MOSS CREEK DRIVE~~
~~FLEMING ISLAND, FL 32003~~

SUBJECT: SUPERIOR LAWN SERVICES, LLC
Ref. Number: W21000073650

CORRECTED
Please Allow For
Same File Date

We have received your document for SUPERIOR LAWN SERVICES, LLC and your check(s) totaling \$160.00. 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 existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

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 III

Letter Number: 821A00010873

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUPERIOR LAWN AND LANDSCAPE SERVICES, Limited Liability Company

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

ARTICLE II - Address:

"LLC.")

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

Principal Office Address:

Mailing Address:

1831 Moss Creek Drive
Fleming Island, FL 32003

1831 Moss Creek Drive
Fleming Island, FL 32003

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:

Tina C. Oliver

Name

1831 Moss Creek Drive

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

Fleming Island

FL

32003

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)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR 16 AM 9:51

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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

AMBR

Tina C. Oliver
1831 Moss Creek Drive
Fleming Island, FL 32003

MGR

Michael J. Thomas
110 McClain Boulevard
Crescent City, FL 32112

(Use attachment if necessary)

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STATE

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1 ED

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.

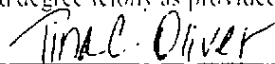
REQUIRED SIGNATURE:



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.



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)