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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : MARY G STEWART CPA PA
Account Number : I20080000065
Phone : (941)258-3191
Fax Number : (941)258-3192

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Mary@P+Charlotte CPA, LLC

**FLORIDA LIMITED LIABILITY CO.
DCs LANDSCAPING & TREE SERVICES LLC**

Certificate of Status	0
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Page Count	03
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3- Pages 6-11-21 Filed

4 Pages 6-15-21 Refused - illegible

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Lilie, Kevin@DOSmyFlorida.com

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**ARTICLES OF ORGANIZATION
OF
DCs LANDSCAPING & TREE SERVICES, LLC**

● ARTICLE 1 – NAME

The name of the Limited Liability Company is DCs LANDSCAPING & TREE SERVICES LLC, (hereinafter referred to as "Limited Liability Company").

● ARTICLE 2 – ADDRESS

The mailing address and street address of the principal office of this Limited Liability Company shall be:

217 CYPRESS AVE NW, PORT CHARLOTTE, FL 33952

● ARTICLE 3 – REGISTERED OFFICE AND REGISTERED AGENT

The name and street address of the registered agent of this Limited Liability Company is:

DANIEL CORTES
217 CYPRESS AVE NW
PORT CHARLOTTE, FL 33952

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED
IN ARTICLES OF ORGANIZATION**

Having been named as registered agent 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 608, F.S..

By: _____

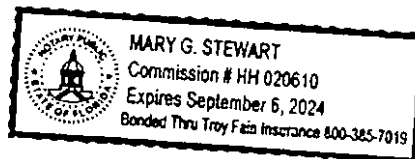
Daniel Cortes, Registered Agent

State of Florida
County of Charlotte

The foregoing instrument was acknowledged before me this 11th day of June, ~~2020~~ ²⁰²¹, by
DANIEL CORTES

Personally Known ☒ OR Produced Identification ☐
Type of Identification Produced _____

Mary G. Stewart
Notary Signature



• ARTICLE 4 – TITLE, NAME, AND ADDRESS OF ALL MANAGING MEMBERS

DANIEL CORTES
217 CYPRESS AVE NW
PORT CHARLOTTE, FL 33952

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

By: [Signature]
Daniel Cortes, Organizing Member

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