

W220000141915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

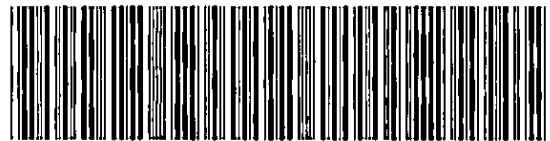
Special Instructions to Filing Officer:

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W21000160495
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W21000139000

Office Use Only

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No Money

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4/6/22

2022 APR -5 PM 10:22
Filing Office

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: A and M Land Maintenance
Name of Limited Liability Company

The enclosed Articles of Organization and fees(s) are submitted for filing

Please return all correspondence concerning this matter to the following:

Andrea M. Penn
Name of Person

A and M Land Maintenance
Firm/Company

440 Se Wolf Rd
Address

Mayo FL 32066
City/State and Zip Code

Andreaevans0483@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea M Penn at (352) 345-7049
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED

2022 APR -5 AM 6:49

DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

2022 APR -5 AM 6:49

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

A and M Land Maintenance 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:

440 Se Wolf Rd
Maryo FL 32066

Mailing Address:

440 Se Wolf Rd
Maryo FL 32066

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:

Andrea M. Penn

Name

440 Se Wolf Rd

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

Maryo

City

FL

State

32066

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.

Andrea M. Penn

Registered Agent's Signature (REQUIRED)

(CONTINUED)

7/16/22 1:10:22

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

Andrea M Penn
440 SE WOLF RD
Mary FL 32066

(Use attachment if necessary)

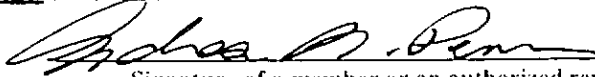
ARTICLE V: Effective date, if other than the date of filing: 4-15-2022. (OPTIONAL)

(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.

Andrea M. Penn

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)

2022 APR -5 PM 10:22