

L220000274794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

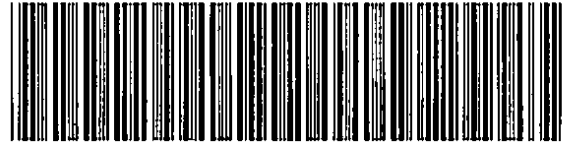
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W220000 44255

Office Use Only



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04/25/22--01034--017 **155.00

FILED
2022 JUN -8 PM 10:48



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2022

HARRISON J MC VEIGH
5833 BAMBI CT
LAKE LAND, FL 33809 US

SUBJECT: BACKYARD PRO LLC
Ref. Number: W22000066255

We have received your document for BACKYARD PRO LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the name conflict is L16000118208.

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.

Coates Brianna
Regulatory Specialists II

Letter Number: 922A00011533

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CLERK
OF
COURT

June 2, 2022

Brianna Coates
Florida Department of State

Subject: Application for LLC
Ref. Document Number: W22000066255

In response to letter 922A00011533. I have enclosed the new Articles of Organization for Florida LLC with a different name: "Backyard Professional LLC". My hope is that the name is unique enough to be considered for use and not in conflict with L16000118208.

Sincerely,
Harrison J McVeigh
5833 Bambi Court
Lakeland, FL 33809
863-440-8883 Cell / Text

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CLERK OF DISTRICT COURT
JULIA A. HARRIS

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Backyard Professional 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:

Harrison James McVeigh
Name of Person

Firm/Company

5833 Bambi Court
Address

Lakeland, FL 33908
City/State and Zip Code

hjmcveigh95@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harrison J McVeigh at (863) 440-8883
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

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TALLAHASSEE, FL
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Backyard Professional 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:

Mailing Address:

5833 Bambi Court, Lakeland, FL 33809

5833 Bambi Court, Lakeland, FL 33809

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:

Harrison J McVeigh

Name

5833 Bambi Court

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

Lakeland

FL

33809

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.

Harrison J McVeigh

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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 _____

Harrison J McVeigh

5833 Bambi Court

Lakeland, FL 33809

MGR _____

Kevin J McVeigh

115 Dunn Court

Lakeland, FL 33809

(Use attachment if necessary)

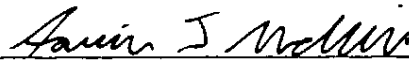
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:



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.

Harrison J McVeigh

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)

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FLORIDA STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA