

L2200W 397 954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

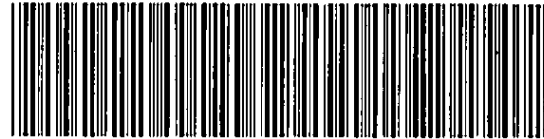
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

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SEP 15 2022



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SEP 15 2022  
TALLAHASSEE, FLORIDA

2022 SEP 15 PM 12:12

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2022 SEP 15 AM 10:16

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Elijah Vickers / 2mowandhaul4u.  
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:

Elijah Vickers  
Name of Person  
11 11

Firm/Company

8570 Salem Rd.  
Address

Quincy FL 32352  
City/State and Zip Code

~~2mowandhaul4u.com~~ 2mowandhaul4you@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elijah Vickers at (850) 509-2620  
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:

2 mow and haul 4u 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:

8570 Salem Rd  
Quincy FL 32352

8570 Salem Rd  
Quincy FL 32352

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:

Elijah Vick

Name

8570 Salem Rd.

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

Quincy FL 32352

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.

Elijah Vick

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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2022 SEP 15 AM 10:22  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
FRANCHISING  
AND/OR VIDEO

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Elijah Vickers

8570 Salem Rd

Gunny FL 32352

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 9-15-22 (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:

Elijah Vickers

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.

Elijah Vickers

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)