

L23 000081786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

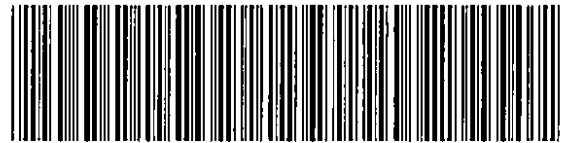
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500401141885

00 08/23--01019--003 **125.00

23 FEB -6 AM 5:06
SECRETARY OF STATE
FALL AHASSIE, 10000

FILED

AS

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BADGER LAWN CARE of Port St. Lucie 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:

ROBERT Paul MILLER

Name of Person

BADGER LAWN CARE LLC.

Firm/Company

21 MONTEREY WAY

Address

PORT SAINT LUCIE FLORIDA 34952

City/State and Zip Code

64 ROBERTPM@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT MILLER at 352 , 360-9930

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

23 FEB - 6 AM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BADGER LAWN CARE - OF Port St. Lucie 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:

21 MONTEREY WAY
PORT SAINT LUCIE FL 34952

21 MONTEREY WAY
PORT SAINT LUCIE FL 34952

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:

Lenore M. Miller

Name

21 Monterey Way

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

Port St. Lucie, FL 34952

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Lenore M. Miller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

23 FEB - 6 AM 5:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

THOMAS R. LINGWOOD

5602 S.W. 119TH AVE

COOPER CITY FLORIDA 33330

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02 02 2023 (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 Statute.
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.

 T. R. LINGWOOD.

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)

23 FEB - 6 AM 5:06
SECRETARY OF
TALAMASSI

FILED