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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

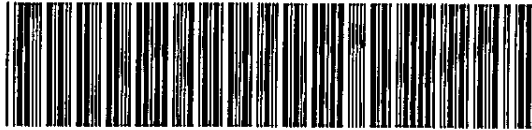
(Business Entity Name)

(Document Number)

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04 AUG - 2 03 11: 21

Desirae Lenz
2490 Laval dr
Deltona, FL 32738
(386)848-3935

Articles of Organization for Pride & Joy Lawn Service LLC
100.00 Filing Fee
25.00 Designation of Registered Agent
5.00 Certificate of Status

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DIVISION OF REVENUE & FINANCE

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pride & Joy Lawn Service 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:

Desirae Mlenz
(Name of Person)

Pride & Joy Lawn Service LLC
(Firm/Company)

2490 Laval Dr.
(Address)

Deltona FL 32738
(City/State and Zip Code)

For further information concerning this matter, please call:

Desirae Mlenz at (386) 848 3935
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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Enclosure 10/11/98

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pride & Joy Lawn Service LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2490 Laval Dr

Deltona FL 32738

Mailing Address:

2490 Laval Dr

Deltona FL 32738

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Desirae M. Venz

Name

2490 Laval Dr

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

Deltona FL 32738 FLORIDA

City, State, and Zip

04 AUG - 2
L. J. ...

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 608, Florida Statutes..

Desirae Venz

Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Desirae Lenz
2400 Laval Dr
Deltona FL 32738

MGRM

Ryan Johnston
6000 Spruce St
Deland FL 32724

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Desirae Lenz

Signature of a member or an authorized representative of a member.

(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.)

Desirae Lenz

Typed or printed name of signee

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EXHIBIT TO CERTIFICATE OF ORGANIZATION

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)