

August 18, 1999

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Enclosed please find an application for qualification to do business in Florida, along with the appropriate fees. We also request a certificate of status.

Thank you for your assistance.

maq -1333

Very Truly Yours,

Michael D. Munro General Counsel 300002965833---0 -08/20/99--01076--013 ****293.75

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SECRETARY STATE
TANKAGE FOR STATE

LANDSCAPES UNLIMITED, L.L.C.

UNANIMOUS WRITTEN CONSENT OF SOLE MANAGER

The undersigned manager, being the Sole Manager of Landscapes Unlimited, L.L.C., a Nebraska Limited Liability Company (the "Company"), hereby consents to the adoption of the following resolution and declares it to be in full force and effect as if adopted at a regular meeting of the manager of the Company:

WHEREAS, the Company wishes to qualify to do business in the State of Florida; and

WHEREAS, the name "Landscapes Unlimited" is currently filed in Florida and is unavailable,

BE IT RESOLVED, by the Sole Manager that the same hereby approves the use of the name, "Landscapes Unlimited, L.L.C. of Nebraska" for the purposes of qualification and conducting business in the State of Florida.

IN WITNESS WHEREOF, the undersigned have set their hands as of the 17th day of August, 1999.

Sole Manager

William M. Kubly

FILED

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SECRETARY OF STATE ORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE	THE FOLLOWING IS SUBMITTED TO I STATE OF FLORIDA	EGISTER A FOREIGN
1. LANDSCAPES Unlimited 11	P	المنطقية
(Name of foreign limited liability company must end with the wo so contained in the name at present.)	ords "limited company" or their abbreviation	n "L.C." if not
2. Nebsaska (Jurisdiction under the law of which foreign limited liability	47-082 28 71 (FEI number, if applicable)	
company is organized)	(FEI manuel, it applicable)	7.7
4. (Date of Organization) 5.	(Duration: Year limited liability companexist or "perpetual")	y will cease to
6. None as of 8-17-99 (Date first transacted business in Florida. (See se	exist of perpendicular)	
(Date first transacted business in Florida. (See se	ctions 608.501, 608.502, and 817.155, F.S	.)
7. 1601 OLD CHENEY R	COAD	
LiNCOLN, NE 68512	principal office)	
8. List name, title, and business address of each managing will manage the foreign limited liability company in Flo	r member[MGRM] or manager[MG orida: (attach additional page if nece	R]who essary)
NAME & ADDRESS: TITLE:	NAME & ADDRESS:	TITLE:
William M. Kubly MERM		
1601 OLD CHENEY Road	<u> </u>	
Lincoln, NE 68512		1 S S
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		TILED NUG 20 PH 12: 52 PARTASSEE FLORIDA

^{9.} Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of records in the state under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN LIMITED LIABILITY COMPANY

The undersigned member or authorized representative of a member of LANDSCA UNLIMITED. LLC.	pes
CNIMITED, LL.C. certifies:	
1) the above named limited liability company has at least one member;	
2) the total amount of cash contributed by the member(s) is	\$_1000° ;
3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.) and	\$ <u>-0-</u> ;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is (This total includes amounts from 2 and 3 above.)	\$_1060 ==
Mahal D. Muno	
Signature of a member or an authorized representative of a mem (In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)	ber.
Michael D. Munro	
Typed or printed name of signee	
Filing Fee: \$250.00 for Application and Affidavit	FILE 99 AUG 20 PM SECRETARY OF TALLAHASSEE

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Cor	npany is:		
LANDSCAPES Wil:	mited,	L.L.C.	· · ·
2. The name and the Florida street address	ss of the regist	ered agent and offi	ce are:
CT C	Orpora fior	& SYSTEM	
	, ,		
Florida street address (P.O. Box NOT ACCEPTABLE)			
- Plantation,	FL City/State	3332 4	<u>+</u>

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.

(Signature)

James M. Halpin Assistant Secretary

Filing Fee: \$ 35 for Designation of Registered Agent

STATE OF



NEBRASKA

United States of America, State of Nebraska

Department of State Lincoln, Nebraska

I, Scott Moore, Secretary of State of Nebraska do hereby certify;

LANDSCAPES UNLIMITED, L.L.C.

with its registered office located in LINCOLN, Nebraska, filed Articles of Organization in this office on July 2, 1999.

I further certify that said limited liability company is in existence as of this date.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on July 30, in the year of our Lord, one thousand nine hundred and ninety-nine.

SECRETARY OF STA

