# T03000094499



ACCOUNT	NO.	:	072100000032

REFERENCE: 720552 7348415

AUTHORIZATION

COST LIMIT : \$ 125.00

ORDER DATE: September 20, 2002

ORDER TIME : 1:22 PM

ORDER NO. : 720552-001

CUSTOMER NO: 7348415

CUSTOMER: Mr. Glenn A. Ekblom

145 Indian Mound Trail Tavernier, FL 33070

DOMESTIC FILING

NAME:

EXTREME LANDSCAPES LLC

400007901194--2

#### EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

			1
Name Availabilit <b>y</b>	XX PLA	TIFIED COPY IN STAMPED COPY	02 SEP SECRET
Document Examiner	CONTACT PER		P 20 I
Updater	- ^^	EXAMINER'S INITIALS:	PM 2:
Updater Verifyer	D0 <b>0</b>	·	*: 18 TATE ORIDA

105000034095

:o://ledgement

Verifyer.

DCC

DCC



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 23, 2002

NORMA PARRAMORE CSC TALLAHASSEE, FL

SUBJECT: EXTREME LANDSCAPES LLC

Ref. Number: W02000027604

We have received your document for EXTREME LANDSCAPES LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Your Articles of Organization state that this is going to be a manager managed company. However, the attached document list the managing members. Please make the proper correction.

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) 245-6913.

Letter Number: 702A00053950

Diane Cushing Corporate Specialist

## TARFICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

EXTREME LANDSCAPES LLC

#### ARTICLE II - Address:

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

145 Indian Mound Trail, Tavernier, FL 33070

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

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

Glenn A. Ekblom	<b>=</b>
Name	<b>02 SEP</b> SECRE ALLAH
145 Indian Mound Trail	~ -1
Florida street address (P.O. Box NOT acceptable)	20 ARY
Tavernier FL 33070	
City, State, and Zip	F S.

Having been named as registered agent and to accept service of process for the above stated imited 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, F.S.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

(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.)

DEBORAH Typed or printed name of signee

#### 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)

## MANAGING MANAGERS OF: EXTREME LANDSCAPES LLC

Glenn Ekblom PO Box 9475 Tavernier, FL 33070

Deborah Shelton-Tynes PO Box 9476 Tavernier, FL 33070

02 SEP 20 PH 2: 18
SECRETARY OF STATE

### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of EXTREME LANDSCAPES LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 30 day of August, 2002

Signature

GLEAN A. EKBLOM

Print Name of Signer

WITNESS:

WITNESS:

Signature

Signature

DEBORAH S. TYNES

Print Name of Witness

Nathryn lynes

Print Name of Witness

FL LLC D.LIMITED FUWER OF ATTORNEY 04/00 (FLILCATT)