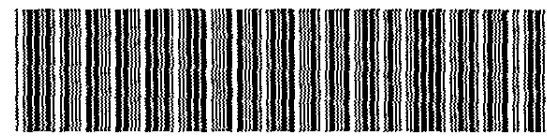


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03/10/09--01029--006 **155.00

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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MJH

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TRANSMITTAL LETTER

**REGISTRATION SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314
(850) 245-3051**

SUBJECT: SUNSET LAWN CARE & LANDSCAPING, LLC

**ENCLOSED IS AN ORIGINAL AND ONE COPY OF THE ARTICLES OF
ORGANIZATION AND A CHECK FOR, \$155.00 FOR FILING FEE, DESIGNATION
OF REGISTERED AGENT AND ONE CERTIFIED COPY.**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 11, 2003

SUNSET LAWN CARE & LANDSCAPING, LLC
6853 SW 39TH ST.
PALM CITY, FL 34990

SUBJECT: SUNSET LAWN CARE & LANDSCAPING, LLC
Ref. Number: W03000006949

We have received your document for SUNSET LAWN CARE & LANDSCAPING, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 003A00015271

ARTICLES OF ORGANIZATION for FLORIDA LIMITED LIABILITY COMPANY

ARTICLE ONE: NAME

THE NAME OF THE LLC SHALL BE: SUNSET LAWN CARE & LANDSCAPING LLC

ARTICLE II: PRINCIPAL OFFICE

THE PRINCIPAL OF BUSINESS AND MAILING ADDRESS OF THIS LLC SHALL BE:

6853 SW 39TH ST. PALM CITY, FL 34990

ARTICLE III: REGISTERED AGENT

NELDA ROBIN SMITH
4220 SE ROBERT LOOP RD
JENSEN BEACH, FL 34957

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED LLC AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES 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.

Nelda Robin Smith
(SIGNATURE)

3-3-03
(DATE)

Rene Emule
(WITNESS)

3.3.03
(DATE)

03 APR 15 AM 7:23
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TALLAHASSEE FLORIDA

(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.)

Nelda Robin Smith
TYPED OR PRINTED NAME OF SIGNEE
[Signature]