

LD3000015505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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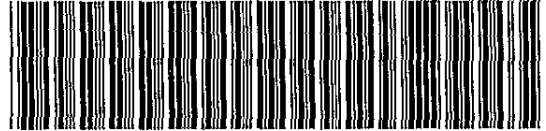
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LD3-15505  
AL



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075722 9666A

AUTHORIZATION : *Patricia Pizute*

COST LIMIT : \$ 125.00

ORDER DATE : April 30, 2003

ORDER TIME : 12:26 PM

ORDER NO. : 075722-005

CUSTOMER NO: 9666A

CUSTOMER: Tim Haines, Esq  
Gray, Ackerman & Haines, P.a.

Suite 1  
125 Ne First Avenue  
Ocala, FL 34470-6675

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NAME: LUIGI'S LAWN CARE, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY  
  
LUIGI'S LAWN CARE, LLC**

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**ARTICLE I.  
NAME**

The name of the Limited Liability Company is "Luigi's Lawn Care, LLC" (the "Company").

**ARTICLE II.  
ADDRESS**

The mailing address and street address of the principal office of the Company is 8880 SW 27<sup>th</sup> Avenue, A-54, Ocala, Florida 34476.

**ARTICLE III.  
DURATION**

The period of duration for the Company shall be perpetual unless the Company is earlier dissolved in accordance with either the provisions of the *Florida Limited Liability Company Act*, Sections 608.401 through 608.514 of the *Florida Statutes Annotated* (the "Act") or the Company's regulations among the members (the "Regulations").

**ARTICLE IV.  
MANAGEMENT**

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

Louis J. Macdaid  
8880 SW 27<sup>th</sup> Avenue, A-54  
Ocala, FL 34476

**ARTICLE V.  
PURPOSE**

The purpose for which the Company is being organized is to operate a landscaping and lawn care business and to transact any other lawful business approved by the members of the Company and for which a limited liability company may be formed under the laws of the State of Florida.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

LUIGI'S LAWN CARE, LLC

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ARTICLE VI.  
MEMBERS' RIGHTS TO CONTINUE BUSINESS

The right of the remaining members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company shall be upon the consent of all of the remaining members in accordance with the terms and conditions of the Regulations to continue the business of the Company, provided that there is at least one (1) remaining member.

ARTICLE VII.  
AMENDMENTS

The Company reserves the right to amend, alter, change or repeal any provision contained in these Articles of Organization, in the manner now or hereafter prescribed by the Act.

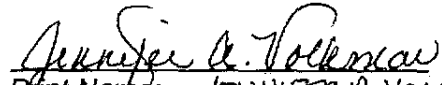
IN WITNESS WHEREOF, the undersigned, being one of the members of the Company, has hereunto set his hand this 29<sup>th</sup> day of April, 2003.

  
LOUIS MACDAID

STATE OF FLORIDA  
COUNTY OF MARION

The foregoing ARTICLES OF ORGANIZATION was acknowledged before me by LOUIS J. MACDAID, as a member of the above named limited liability company, who is personally known by me.

Dated: this 29<sup>th</sup> day of April, 2003.

  
Print Name: JENNIFER A. VOLKMAR  
Notary Public, State of Florida  
Commission number \_\_\_\_\_  
Commission expires \_\_\_\_\_

JENNIFER A. VOLKMAR  
Notary Public, State of Florida  
My comm. expires January 1, 2007  
Comm. No. DD 167134

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MARION COUNTY FLORIDA

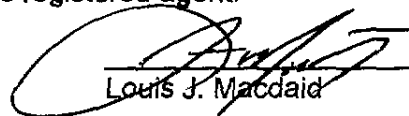
**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is: *Luigi's Lawn Care, LLC.*
2. The name and address of the registered agent and office is:

Louis J. Macdaid  
8880 SW 27<sup>th</sup> Avenue, A-54  
Ocala, FL 34476

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.

  
Louis J. Macdaid

Date: 4.29.03

JAN 29 2003 11:57 AM  
STATE OF FLORIDA

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STATE OF FLORIDA  
COUNTY OF MARION

The foregoing instrument was acknowledged before me this 29<sup>th</sup> day of April, 2003, by LOUIS J. MACDAID who is  personally known to me or who  has produced \_\_\_\_\_ as identification.

Sign Jennifer A. Volkmar  
Print JENNIFER A. VOLKMAR  
Notary Public, State of Florida  
Commission Expiration: \_\_\_\_\_  
Commission No.: \_\_\_\_\_

JENNIFER A. VOLKMAR  
Notary Public, State of Florida  
My comm. expires January 1, 2007  
Comm. No. DD 167134