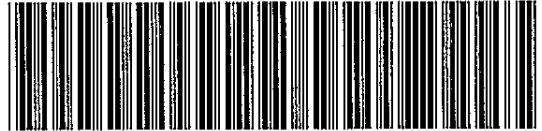


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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04 JAN 26 PM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Carmelo's Home & Lawn Improvements 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:

FILED
04 JAN 29 PM 6:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Carmelo Lasanta
(Name of Person)

Carmelo's Home & Lawn Improvements
(Firm/Company)

8340 Shenandoah Dr.
(Address)

Tallahassee FL 32317
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmelo Lasanta at (850) 528-8484
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Carmelo's Home & Lawn Improvements LLC.

ARTICLE II - Address:

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

Principal Office Address:

8340 Shenandoah Dr.
Tallahassee FL
32317

Mailing Address:

P.O. Box 12771
Tallahassee FL
32317

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

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

Carmelo Lasanta
Name

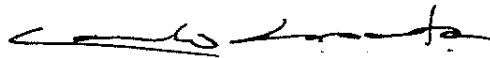
8340 Shenandoah Dr.

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

Tallahassee FL 32317

City, State, and Zip

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, F.S.



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(CONTINUED)

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

Carmelo Lasanta
8340 Shenandoah Dr.
Tallahassee FL 32317

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



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.)

Carmelo Lasanta

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)