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PICK-UP	WAIT	MAIL
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## TRANSMITTAL LETTER

Division of Corporations		
SUBJECT: LARCE ROOTS ANDSCAPE L.L.C. (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:		
BRIAN L. PAUL (Name of Person)		
LARGE ROOTS LANDSCAPING (Firm/Company)		
1735 YEARLWG TR (Address)	O4 FEB -5	
TALLAUASSEE FL 32317 (City/State and Zip Code)	5 AMID: 22	
For further information concerning this matter, please call:	m No	
BRIAN PAUL at (350) 571-215E) (Name of Person) (Area Code & Daytime Telephone Number)	<b>—</b>	

## STREET ADDRESS:

TO:

Registration Section

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:	
LARGE ROOTS LANDSCAF	ing LLC
ARTICLE II - Address: The mailing address and street address of the principal of	
Principal Office Address:	Mailing Address:
1735 YEARLING TR TAILAHASSEE FL 32317	SAME AS PRINCIPAL
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registered  BRIAN L. PAUL  Name  1735 YEARLING TRI  Florida street address (P.O. Box NO  TALLAHASSEE FL 3  City, State, and Zip	l agent are:  O4 FEB -5 AMIO
Having been named as registered agent and to accept se	rvice of process for the above stated limited

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

(CONTINUED)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:		
MGRM	BRIAN PAUL 1735 YEARLING TR. TALLAHASSEE FL 32317	•	
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	A C C C C C C C C C C C C C C C C C C C	O4 FEB	#** <u></u>
(Use attachment if necessary)	AC のご の。 でで	5	FRA.ES
NOTE: An additional article must	be added if an effective date is requested. $\frac{m_c}{m_c}$	<b>*</b>	
REQUIRED SIGNATURE:	RIAL RICHARD R	AM 10: 22	- Anna
Signature of a memb	per or an authorized representative of a member.		
(In accordance with s	ection 608.408(3), Florida Statutes, the execution		

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)

that the facts stated herein are true.)