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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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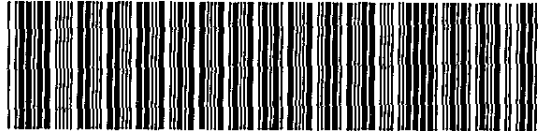
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DIVISION OF REGISTRATION
TALLAHASSEE, FLORIDA
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Is

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B.L.C. Lawn Care Plus 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:

Roger Dale Berdelow
(Name of Person)

B.L.C. Lawn Care Plus LLC
(Firm/Company)

1936 NANTICOTE Cir
(Address)

Tallahassee Fla 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Maxwell at (850) 567-3158
(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

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TALLAHASSEE, FLORIDA
STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B.L.C. LAWN CARE Plus LLC

ARTICLE II - Address:

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

Principal Office Address:

1936 Wauticake Cir.
Tallahassee Fla 32303

Mailing Address:

BLC LAWN CARE Plus LLC
PO Box 234
Tallahassee, Fla 32315

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

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

Roger D. Berchlow
Name

1936 Wauticake Cir.
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32303
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..

Rog D Berchlow
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA
STATE

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

Roger Berdelon
1936 W. Antiope Cir. P.O. Box 4234
Tallahassee, Fla 32303 32315

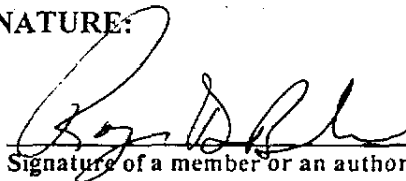
MGRM

ELIZABETH MAYWELL
Same as above

(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.)

Roger Dale Berdelon

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)