

L04000028156

2004 APR 12 A 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

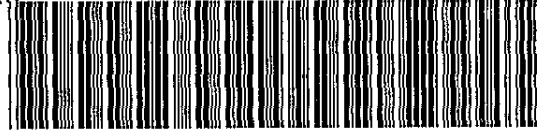
(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Return Name and Address
Tiffany N Troup
3629 Egerton Circle
Sarasota FL 34233

Date 03/10/2004

Address for Regular Mail:

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Fl. 32314

Address for Courier, Hand, or Express Delivery:

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Fl. 32399

Re: Articles of Organization/Original Appointment of Agent

Dear Sir:


Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime telephone number is
941-650-3963

With kindest regards, I am

Sincerely yours,


Signature

Enclosures



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 24, 2004

TIFFANY N. TROUP
3629 EGERTON CIR.
SARASOTA, FL 34233

SUBJECT: PICTURE PERFECT PLANT CARE
Ref. Number: W04000011754

We have received your document for PICTURE PERFECT PLANT CARE and your check(s) totaling \$125.00. 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 contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 504A00019565

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY FILED**

ARTICLE I - Name:

The name of the Limited Liability Company is: **Picture Perfect Plant Care, LLC**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: **3629 Egerton Circle, Sarasota FL 34233**

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

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

Tiffany N. Troup
Name

3629 Egerton Circle

Sarasota FL 34233
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

Article IV - Management (Check box if applicable.)

- The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


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.)

Tiffany Troup
Typed or printed name of signer