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DIVINION OF CONSTRUCTORIDA

ANASSEE, FLORIDA

TRANSMITTAL LETTER

	ration Section on of Corporations
SUBJECT:	FISHER LAWN + LANDSCAPE, U.C. (Name of Limited Liability Company)
The enclosed A	rticles of Organization and fee(s) are submitted for filing.
	Please return all correspondence concerning this matter to the following:
	PAVLA J. FISHER (Name of Person)
	FISHER LAWN + LANDSCAPE, L.C.
	• • • •
	SOZ SHOAL RIVER DRIVE (Address) CRESTVIEW, FL 32539 (City/State and Zip Code)
	(City/State and Zip Code)
For further info	rmation concerning this matter, please call:
Paula	
	(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

State Control of the	MILES SCORES FLORING	K/1 04 1. 13
		<i>y</i> •

	_
FISHER LAWN + LANDSO	CATE, L.L.C.
ARTICLE II - Address: The mailing address and street address of the principle.	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
802 SHOAL RIVER DRIVE	802 SHOAL RIVER DRIVE
CRESTVIEW, FL 32539	CRESTVIEW, FL 32539
ARTICLE III - Registered Agent, Registered C	Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Registered Control of the name and the Florida street address of the registered agent.	
The name and the Florida street address of the reg	istered agent are:
0 0 0	istered agent are:
The name and the Florida street address of the reg	istered agent are:
The name and the Florida street address of the reg PAULA J. FISH Name	JER DRIVE
The name and the Florida street address of the reg PAULA J. FISH Name 802 SHOAL RIV	JER DRIVE

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, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (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				
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECONDAL.		
MGRM	Paula J. Fisher 802 Shoal River Drive Crestview, FL 32539	1075 		
MGR	Brandon M. Fisher 802 Shoal River Drive Crestriew, Fl 32539			
(Use attachment if necessary)	**************************************			

NOTE: 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

Paula J. Fisher
Typed or printed name of signee

that the facts stated herein are true.)

REQUIRED SIGNATURE:

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)