

L04000042600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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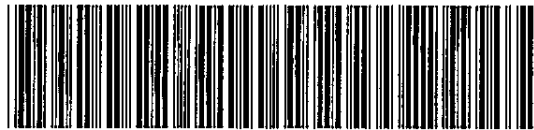
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

04 JUN -7 PM 4:35

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DEF. STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

BK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Beth Page Landscaping LLC
(Name of Limited Liability Company)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLA.
04 JUN -7 PM 4:35

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Fair
(Name of Person)

Beth Page Landscaping
(Firm/Company)

514 Beth Page Rd
(Address)

Thomasville, Ga 31792
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary Fair at (229) 377-2614
(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:

Beth Page Landscaping LLC

ARTICLE II - Address:

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

Principal Office Address:

514 Beth Page Rd
Thomasville, GA 31792

Mailing Address:

Same as Principal

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

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

Tammy Simpson
Name
3148 Huntington Woods Blvd.
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32303
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Tammy Simpson
Registered Agent's Signature

(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:

MGR M

GARY FAIN
514 Beth Page Rd.
Thomasville GA, 31792

MGRM

Kenny Pearce
342 Vereen Bell Rd.
Cairo Ga, 39828

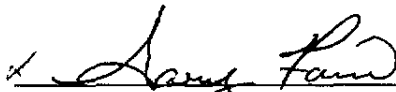
MGRM

342 Jamie Pearce
Vereen Bell Rd.
Cairo Ga, 39828

(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.)

GARY FAIN

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)