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(Re	questor's Name)	
bA)	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Everageen OF Florida L. L. C. (Name of Limited Liability Company)	O TON THE STATE OF
Please return all correspondence concerning this matter to the following:	MASSER PLONE
(Name of Person)	<u> </u>
(Firm/Company)	
8923 Shady Grove Court	
(Address) (Faithers burs M) 7087) (City/State and Zip Code)	<u>. </u>
For further information concerning this matter, please call:	
(Name of Person) at (30) 975-0051 (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

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The name of the Limited Liability Company is:

Evergreen of Elorida, L.L.C

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
8923 Shady Grove Ct.	89/23 Shady Grove Ct
Garthersburg MD 2087	Gartresburg, HD 2085

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Phuors Pham
Name

12956 Maribou Circle

Florida street address (P.O. Box NOT acceptable)

Orlando FLORIDA 32828

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, Florida Statutes..

Don non Pharm Registered Agent's Signature

> Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manager The name and address of each Manager		is as follows:	OF SULAND	Son
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address	** T *** T *		OF STOR
MGRM	Frank Ch 8923 Sh Goithersh	and Grove	. Ct.	· · · · · · · · · · · · · · · · · · ·
MGR (manager)	Susan C 8923 Sh Gartherbu	hang ady Grove S MD 208	<u>Ct.</u>	,
				. · · · · · · · · · · · · · · · · · · ·
(Use attachment if necessary)				
NOTE: An additional article must be	e added if an effective	date is request	ed.	
REQUIRED SIGNATURE:			<u>.</u>	
Standard				· · · · · · · · · · · · · · · · · · ·
Signature of a member or an a (In accordance with section 608 of this document constitutes an that the facts stated herein are to	3.408(3). Florida Statutes, t affingation under the pena	he execution	* * * * * * * * * * * * * * * * * * *	
Typed or n	an Chans	<u>.</u>		

Page 2 of 2

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)