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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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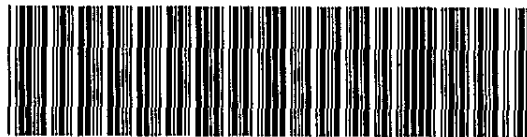
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAT LAMB'S LANDSCAPING AND LAWN SERVICE, 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:

PATRICK LAMB
(Name of Person)

PAT LAMB'S LANDSCAPING AND LAWN SERVICE, LLC.
(Firm/Company)

501 HAMPTON AVE. N.E.
(Address)

ST. PETERSBURG, FL. 33703
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICK LAMB at (727) 521-1962
(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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MAIL ROOM

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

PAT LAMB'S LANDSCAPING AND LAWN SERVICE, LLC

ARTICLE II - Address:

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

Principal Office Address:

501 HAMPTON AVE. NE.
ST. PETERSBURG
FLORIDA 33703

Mailing Address:

501 HAMPTON AVE. NE.
ST. PETERSBURG
FLORIDA 33703

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

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

PATRICK J. LAMB
Name

501 HAMPTON AVE. N.E.
Florida street address (P.O. Box **NOT** acceptable)

ST. PETERSBURG FLORIDA 33703
City, State, and Zip

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UNIVERSITY OF 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, Florida Statutes..

Patrick J. Lamb
Registered Agent's Signature

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

PATRICK LAMB
501 HAMPTON AVE. N.E.
ST. PETERSBURG, FL. 33703

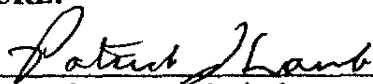
MGR

RYAN LAMB
501 HAMPTON AVE. N.E.
ST. PETERSBURG, FL. 33703

(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.)

PATRICK J. LAMB

Typed or printed name of signee

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Division of Corporations

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)