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Office Use Only



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October 8, 2004

Emerald Lawn Care & Maintenance Mark A. Thomason 5703 Red Bug Lake Rd. #148 Winter Springs, Fl 32708-4969 (407)971-7781

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FI 32314 (850)245-6051

To Whom It May Concern:

Enclosed please find the Articles of Organization and a check for the filing fees. If any further information is required please do not hesitate to contact me at the above daytime telephone number.

Man oct 1 on 1:30

Thank you,

Mark A. Thomason

TRANSMITTAL LETTER

TO: Registration Section	
Division of Corporations	7
SUBJECT: EMERALD LAWN CARE & MAINTENANCE LLC	1 O 1
(Name of Limited Liability Company)	The last
The enclosed Articles of Organization and fee(s) are submitted for filing.	dinoca I py 1:30
Please return all correspondence concerning this matter to the following:	1000
MARK A. THOMASON	A.S.
(Name of Person)	
EMERALD LAWN CARE & MAINTENANCE	
(Firm/Company)	
5703 RED BUG LAKE RD, #148	
(Address)	
WINTER SPRINGS, FL 32708-4969	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
MARK A. THOMASON at (407) 971 - 7781	
(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	S OF ORGANIZATION FOR
FLORIDA LIMI	TED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	S OF ORGANIZATION FOR TED LIABILITY COMPANY any is:
EMERALD LAWN CARE & MAINTENANCE	LLC OPPOX
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1113 KERWOOD CIR.	5703 RED BUG LAKE RD
OVIEDO, FL 32765	#148
	WINTER SPRINGS, FL 32708-4969
ARTICLE III - Registered Agent, Regi The name and the Florida street address of	istered Office, & Registered Agent's Signature: of the registered agent are:
MARK A, THOMASON	
	Name
1113 KERWOOD CIR. Florida street addr	ress (P.O. Box NOT acceptable)
OVIEDO EL 32765	ET ODITO

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..

City, State, and Zip

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	Name and Address:	ON THE PARTY OF TH
MGR	MARK A. THOMASON 1113 KERWOOD CIR. OVIEDO, FL 32765	
MGRM	YANET ALONSO 1113 KERWOOD CIR. OVIEDO, FL 32765	**************************************
		
(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.)

MARK A. THOMASON

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)