L04000093954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Suffix

Shamrock's Landscaping and Lawn Care
5392 Mahan Drive
Tallahassee, FL 32308
(850) 942-7046 office/fax

December 9, 2004

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6051

To whom it may concern,

Enclosed please find my application for Articles of Organization along with my check #2795 in the amount of $155.00, for the filing fee and to receive a certified copy.

If you have any questions, please do not hesitate to call.

Sincerely,

Kevin O. Ashley
Owner and Project Manager

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 21, 2004

KEVIN O. ASHLEY
SHAMROCK'S LANDSCAPING AND LAWN CARE
5392 MAHAN DRIVE
TALLAHASSEE, FL 32308

SUBJECT: SHAMROCK'S LANDSCAPING AND LAWN CARE
Ref. Number: W04000046581

We have received your document for SHAMROCK'S LANDSCAPING AND LAWN CARE and your check(s) totaling $155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 304A00070909

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Shamrock's Landscaping and Lawn Care, 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:**
5392 Mahan Drive Tallahassee, FL 32308	5392 Mahan Drive Tallahassee, FL 32308

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

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

Kevin O. Ashley
Name

5392 Mahan Drive
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee, FL 32308
City, State, and Zip

2007 JUL 29 A 10:01

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..

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:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGR	Kevin O. Ashley 5392 Mahan Drive Tallahassee, FL 32308

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

2004 DEC 29 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

Kevin O. Ashley
Typed or printed name of signee

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)