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TRANSMITTAL LETTER

	gistration Section vision of Corporations	
SUBJECT:	(Name of Limited Liability Company)	
	(Name of Limited Liability/Company)	
The enclose	d Articles of Organization and fee(s) are submitted for filing.	
Please retur	n all correspondence concerning this matter to the following:	
	Sup H DIXON (Name of Person)	
	(Name of Person)	, 0
	DIXON LANdScaping LLC	FILED 3: 27 SECTION SECTIONS TELLAR SECTIONS T
	(Firm/Company)	72 后
		图 20
_	311 Vantage Pt #39 (Address)	<u> </u>
	(Address)	高 2
	(City/State and Zip Code)	
For further i	nformation concerning this matter, please cail:	
	Scott Dixon at (850) 556-6798 (Name of Person) (Area Code & Daytime Telephone No.	ımhar)
	(Name of Person) (Area Code & Daytime Telephone N	iniber)
Enclosed is	s a check for the following amount:	
□ \$125.00	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certific	60.00 Filing Fee, cate of Status & ed Copy lal copy is enclosed)

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:	
Dixon Landscaping LLC	
ARTICLE II - Address:	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Same as mailing >	311 Vantage Pt #39 Tallahassee FL 32301
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the re	gistered agent are:
Suft Dixor	FILE MINSCI
311 Variage A #30 Florida street address	ess (P.O. Box NOT acceptable) P. 3.2301
Tallalassee City, State, and	<u> </u>

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)

Page 1 of 2

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM	Just Dixon 311 Vantage Point # 39 Tallahassee FC 32 301
·	1747 1748
(Use attachment if necessary)	MI 24 FIL 3: 27
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury
Jago	yped 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)