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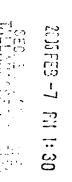
(Re	questor's Name)		
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TRANSMITTAL LETTER

	Registration Section Division of Corporations			
SUBJECT	CENTORSCAPE M	AINTENANCE 1	LLC	
	(Name of Limited Liability Con	mpany)		
The enclos	sed Articles of Organization and fee(s) are submitted for fi	ling.		
	Please return all correspondence concerning	this matter to the following:		
	MATTHEW FAL (Name of Person)	DNER		
	CENTEVL SCAPE (Firm/Company)		OF LLC	
	4403 VINELAND R	-D, STE B-15		
	ORLANDO, FC (City/State and Zip Co	32811		
	(City/State and Zip Co	ode)		
For further	information concepting this matter, please call:			
	(Name of Person) at (40 7	de & Daytime Telephone Number		
	(1910 57 51001)		2035 FEB - SEGRETAN TALLANASI	-12.00
	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	7 FH 1: 30	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	NTERSCAPE.	MAIN TENANCE, L	CC
ARTICLE II - Addr	ess:	rincipal office of the Limited Lia	
Principal Office Add	lress:	Mailing Address:	
		4403 VINE	LAND RD
		SULTE B-15	
		ORUMBO, F	
		FALCONER MD PD, STE B-15 D. Box NOT acceptable) O, FLORIDA 3-28/1 and Zip	2015 FEB +7 FN SECRE AND SEE F
y at the place designate act in this capacity. I fi	ed agent and to accept ser ed in this certificate, I here arther agree to comply wit ny duties, and I am familia	vice of process for the above stated by accept the appointment as regi- th the provisions of all statutes rela wwith and accept the obligations of Chapter 608, Florida Statutes	d limited liability stered agent and ting to the proper
registered	\leq \leq \leq \leq		
registered _	Registered Agent's	s Signature	

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGPM	MATTHEW FALCONER 4403 VINELAND RD, SUITE B-15 DRIAMDO, FL 32811
(Use attachment if necessary)	
NOTE: An additional article a	rust be added if an effective date is requested.
REQUIRED SIGNATURE:	or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution
Signature of a member	or an authorized representative of a member.
(In accordance with sec of this document consti- that the facts stated bere	utes an affirmation under the penalties of perjury
ma-r	THEW FALCONER ed 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)