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EFFECTIVE DATE

# TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		unioni de
SUBJECT: Lawncare-N-More LLC (Name of Limited	Liability Company)	
The enclosed Articles of Organization and fee(s) are su		
Please return all correspondence concerning this matter  David L. Hunsberger		
·	ame of Person)	
Lawncare-N-More LLC. (F	Firm/Company)	
8041 E. Lost Pond Lane	(Address)	
Inverness, Fla. 34450 (City/S	State and Zip Code)	
For further information concerning this matter, please of	call:	
(Name of Person)	at ( 352 ) 726-9570 (Area Code & Daytime Te	lephone Number)
Enclosed is a check for the following amount:  \$\Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee  Certificate of Status &  Certified Copy (additional copy is proclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING AI Registration Son Division of Con P.O. Box 6327 Tallahassee, F	ection prporations

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Lawncare-N- More LLC		
ARTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
8041 E. Lost Pond Lane	8041 E. Lost Pond Lane	
Inverness, Fla. 34450	Inverness Fla. 34450	
ARTICLE III - Registered Agent, Regist The name and the Florida street address of	ered Office, & Registered Agent's Signature: the registered agent are:	
David L. Hunsberger		
Name		
8041 E. Lost Pond Lane		
Florida stree	et address (P.O. Box NOT acceptable)	
Inverness, Florida 34450 <sub>FL</sub>		
City, St	ate, and Zip	
liability company at the place designated	d to accept service of process for the above stated limited I in this certificate, I hereby accept the appointment as pacity. I further agree to comply with the provisions of all	

(CONTINUED)

Registered Agent's Signature

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.

Page 1 of 2



## 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"	David L. Hunsberger	
A SALVANDA N. C. S. S. V. S.	8041 E. Lost Pond Lane	
	Inverness, Fla. 34450	
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(Use attachment if necessary)		
NOTE: An additional article must be added if an effective date is requested.		

Charie J. Humahare

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.)

David L. Hunsberger

Typed or printed name of signee

#### Filing Fees:

**REQUIRED SIGNATURE:** 

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

## Article V

In reference to my filing for an LLC corporation for Lawncare-N-More, I would like to make the effective date on April 13, 2005. Thanks

David L. Hunsberger

David J. Hunsberger

2005 APR 20 PM 12: 36 SECRETARY OF STATE