

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
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RECEIVED
05 AUG 10 AM 11:30
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Nature's Landscape, LLC

05 AUG 10 AM 8:56
FBI
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Nature's Landscape, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:**Mailing Address:**2501 Abbeier Road2501 Abbeier RoadSt. Cloud, Florida 34771St. Cloud, Florida 34771**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

James A. Kear

Name

2501 Abbeier RoadFlorida street address (P O Box **NOT** acceptable)St. Cloud, Florida 34771

City, State, and Zip

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.

James Kear



Registered Agent's Signature

05 AUG 10 AM 8:55
 TALLAHASSEE, FLORIDA
 SEAL

(CONTINUED)

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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:MGRJames A. Kear2501 Absher RoadSt. Cloud, Florida 34771MGRBrian J. Kear2501 Absher RoadSt. Cloud, Florida 34771

(Use attachment if necessary)

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

James A. Kear
 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.)

James A. Kear

Typed or printed name of signer

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)

STATE
 SECRETARY
 TALLAHASSEE, FLORIDA

05 AUG 10 AM 8:56