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	SECRETARY OF	STATE LORIDA
(Requestor's Name)		
(Address)		
(Address)	, ua	
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of	Status	:
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO:

Registration Section

Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jason A. Kelly (Name of Person) Landscape Services
(Firm/Company) 5001 Grande Dr. #411
(Address) For further information concerning this matter, please call: at (850) 982 - 6000 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$125.00 Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & Certificate of Status ■ \$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE. FLORIDA
Jason Kelly Liberty Landscape So (Must end with the words "Limited Liability Company, "Limited Company,"	ervices LLC Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5001 Grande Dr. #411 Pensacola, FL. 32504	Same
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its own Registere business entity with an active Florida registration.)	
The name and the Florida street address of the reg	istered agent are:
Jason A. Ke	lly
5001 Grande Dr Florida street addres	. ±4// ss (P.O. Box NOT acceptable)
Pensacola p	il , 32504 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u>Title:</u>	Name and Address:	2006 JUN 26 P 3: 3:
"MGR" = Manager		
"MGRM" = Managing Member	ī	SECRETARY OF STATE TALLAHASSEE, FLORID
MGR	Jama Kally	IMPERITABOLES COMP
	5001 Grande	Dc. #411
		. 32504
		
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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)