

**L06000066638**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((((1106000171083 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

**EFFECTIVE DATE**  
**6/27/06**

From:

Account Name : A.B.S. OF JACKSONVILLE, INC.  
Account Number : T20010000215  
Phone : (904) 777-1533  
Fax Number : (904) 777-1717

**RECEIVED**  
**06 JUN 30 AM 7:47**  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO**

Dillard's Tree Service, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 01       |
| Estimated Charge      | \$130.00 |

**FILED**  
**06 JUN 30 PM 2:02**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

*Sam*

H06000171083 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANYEFFECTIVE DATE  
6/27/06ARTICLE I. NAME:The name of the Limited Liability Company is: **Dillard's Tree Service, LLC**ARTICLE II. ADDRESS:

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

4215 Forest Blvd  
Jacksonville, FL 32246ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

Cathy Dillard  
4215 Forest Blvd  
Jacksonville, FL 32246

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place of 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, Florida Statutes.*

Cathy Dillard  
Cathy Dillard/ Registered Agent

June 27, 06  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JUN 30 PM 2:02

FILED

H06000171083 3

1706000171083 3

ARTICLE IV. MANAGER(S) OR MANAGING MEMBER(S):

The name(s) and address(es) of each Manager or Managing Member is as follows:

Title  
MGR

Name and Address:  
Cathy Dillard  
4215 Forest Blvd  
Jacksonville, FL 32246

Title  
MGMR

Name and Address:  
Willie E. Dillard  
4215 Forest Blvd  
Jacksonville, FL 32246

MGMR.

Steven Aaron Holsenbeck  
4215 Forest Blvd  
Jacksonville, FL 32246

ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be June 27, 2006.

REQUIRED SIGNATURE:

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Organization, this 30 day of June, 2006.

Cathy Dillard  
Cathy Dillard, Member

Willie E. Dillard  
Willie E. Dillard, Member

Aaron Holsenbeck  
Steven Aaron Holsenbeck, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

1706000171083 3