

L07000063242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

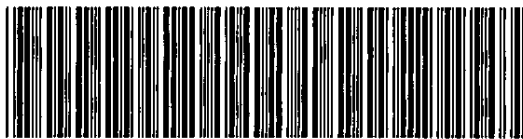
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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# **Quicken** Incorporation Services

26520 Agoura Road Calabasas, CA 91302  
Toll-Free: 888.692.9570 | Direct: 818.936.8227 | Fax: 818.936.0361

www.quickenincorporation.com  
e-mail: info@quickenincorporation.com

## ROUTINE SERVICE FILING REQUEST

Monday, June 11, 2007

Division of Corporations  
Florida Department of State  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re:** *Tree Huggers Landscaping & Nursery LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

Quicken Incorporation Services  
26520 Agoura Road  
Calabasas, CA 91302  
**ATTN: FULFILLMENT DEPARTMENT**

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**Articles of Organization  
For  
Tree Huggers Landscaping & Nursery LLC  
Florida Limited Liability Company**

**ARTICLE I - Name:**

The name of the Limited Liability Company is Tree Huggers Landscaping & Nursery LLC.

**ARTICLE II - Address:**

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

13615 61st Street  
West Palm Beach, Florida 33412


**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

NRAI Services, Inc.  
2731 Executive Park Drive.  
Weston, Florida 33331

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*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.*

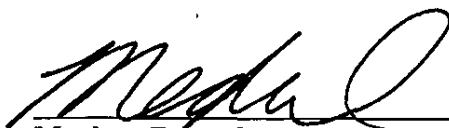
  
\_\_\_\_\_  
NRAI Services, Inc., Registered Agent

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Timothy LaLonde  
P.O. Box 703  
Loxahatchee, Florida 33470

Leanne LaLonde  
P.O. Box 703  
Loxahatchee, Florida 33470

  
\_\_\_\_\_  
Meghan Record, Organizer