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| (Cit                    | ry/State/Zip/Phone                      | = #)        |
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| Certified Copies        | Centricates                             | s of Status |
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| Special Instructions to | Filing Officer:                         |             |
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## **COVER LETTER**

| TO: Registration Section<br>Division of Corporation | ens                                                   |                                                 |                                          |                                                               |                |                                       |
|-----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------------------------|---------------------------------------------------------------|----------------|---------------------------------------|
| SUBJECT: TEDS QUA                                   | LITY LAWN C                                           |                                                 |                                          |                                                               | <del></del>    |                                       |
|                                                     | (Name of Limite                                       | d Liability Comp                                | any)                                     |                                                               |                |                                       |
| The enclosed Articles of Organ                      | ization and fee(s) are s                              | ubmitted for filin                              | g.                                       |                                                               |                |                                       |
| Please return all correspondence                    | e concerning this matte                               | er to the following                             | g:                                       |                                                               |                |                                       |
| Harry M. Collin                                     | าร                                                    |                                                 |                                          |                                                               |                |                                       |
|                                                     | (                                                     | Name of Person)                                 |                                          |                                                               |                |                                       |
|                                                     |                                                       |                                                 |                                          |                                                               |                |                                       |
|                                                     |                                                       | Firm/Company)                                   |                                          |                                                               |                | -                                     |
| 18646 Geran                                         | ium Road                                              |                                                 |                                          | SECR<br>ALLA                                                  | 7007           | است                                   |
|                                                     |                                                       | (Address)                                       |                                          | HAS                                                           | <u> </u>       | 3 [                                   |
| Ft. Myers, FL                                       | . 33967                                               |                                                 |                                          | SEE.                                                          | 25             |                                       |
|                                                     | (City                                                 | State and Zip Cod                               | ė)                                       | I.S.                                                          | ָ <u></u>      | ֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓ |
| For further information concern                     | ing this matter, please                               | call:                                           |                                          | TATE<br>ORIDA                                                 | l: 02          |                                       |
| Harry M. Collins                                    |                                                       | at (239                                         | , 218-46 <sup>-</sup>                    | 11                                                            |                |                                       |
| (Name of Perso                                      | n)                                                    |                                                 | e & Daytime To                           | elephone Number                                               | )              |                                       |
| Enclosed is a check for the for                     | ollowing amount:                                      |                                                 |                                          |                                                               |                |                                       |
|                                                     | 30,00 Filing Fee & ficate of Status                   | \$155.00 F<br>Certified Cop<br>(additional copy | ÿ                                        | S160.00 l<br>Certificate o<br>Certified Co<br>(additional cop | f Status & opy |                                       |
| Regis                                               | ing Address<br>tration Section<br>ion of Corporations | Registrati                                      | ourier Addression Section of Corporation | -                                                             |                |                                       |

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

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| TEDS QUALITY LAWN CARE "LLC"  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Principal Office Address: Mailing Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 18646 Geranium Road         18646 Geranium Road           Ft. Myers, FL 33967         Ft. Myers, FL 33967                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or agreement business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Harry M. Collins                                                                                                                                                                                                                    |
| Ft. Myers, FL 33967                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 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  Registered Agent's Signature (REQUIRED) |

(CONTINUED) 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"                                                                                            | Harry M. Collins                                                                      |                      |        |
| 113.01.5                                                                                         | 18646 Geranium Road                                                                   |                      |        |
|                                                                                                  | Ft. Myers, FL 33967                                                                   |                      |        |
| "NACO"                                                                                           | Theodore D. Dogwar                                                                    | ZO<br>TAI            |        |
| "MGR"                                                                                            | Theodore D. Banyar<br>320 Georgia Ave.                                                |                      | ****** |
|                                                                                                  | Ft. Myers, FL 33905                                                                   |                      |        |
|                                                                                                  | T. Hiyoto, r. E. bookoo                                                               | 85E<br>85E           |        |
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| (Use attachment if necessary)                                                                    |                                                                                       |                      |        |
|                                                                                                  |                                                                                       |                      |        |
| CLE V: Effective date, if other than the                                                         |                                                                                       | (OPTIONA             | •      |
| effective date is listed, the date must h                                                        | e specific and cannot be more th                                                      | an five business day | ys p   |
| 00 days after the date of filing.)                                                               |                                                                                       |                      |        |
|                                                                                                  |                                                                                       |                      |        |
|                                                                                                  |                                                                                       |                      |        |
| REQUIRED SIGNATURE:                                                                              | . <u>.</u>                                                                            |                      |        |
| REQUIRED SIGNATURE:                                                                              | -<br>-<br>-<br>-<br>-                                                                 |                      |        |
| REQUIRED SIGNATURE:                                                                              | 1 / Mina                                                                              |                      |        |
|                                                                                                  | Harry m. Johins.                                                                      |                      |        |
|                                                                                                  | Hansy m dung                                                                          | g member.            |        |
| Signature of a member (In accordance with se                                                     | ction 608.408(3), Florida Statutes, the e                                             | xecution             |        |
| Signature of a member (In accordance with see of this document cons                              | tection 608.408(3), Florida Statutes, the election an affirmation under the penalties | xecution             |        |
| Signature of a member (In accordance with see of this document constitute that the facts stated) | tection 608.408(3), Florida Statutes, the election an affirmation under the penalties | xecution             |        |

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)