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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

M.P. LANDSCAPING, MAINTENANCE AND DESIGN, LLC

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|-----------------------|----------|
| Certificate of Status | 0 |
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October 2, 2007

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICE INC

SUBJECT: M.P. LANDSCAPING, MAINTENANCE AND DESIGN, LLC
REF: W07000048556

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

If you have any further questions concerning your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H07000243498
Letter Number: 607A00057461

P.O BOX 6327 - Tallahassee, Florida 32314

((H07000243498)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

M.P. Landscaping, Maintenance and Design, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1269 SW ARAGON AVE
PORT SAINT LUCIE, FL 34953

Mailing Address:

P.O. BOX 882165
PORT SAINT LUCIE FL 34988

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 another business entity with an active Florida registration.)

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

TUBALCAIN PIRELA

Name

1269 SW ARAGON AVE

Florida street address (P.O. Box **NOT** acceptable)

PORT SAINT LUCIE FL 34953

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)

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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:

| | |
|-------------|---|
| <u>MGR</u> | <u>TUBALCAIN PIRELA</u> <u>P. O. Box 882165</u> <u>Port Saint Lucie, FL 34988</u> |
| <u>MGRM</u> | <u>NICOLAS VIDELA</u> <u>P. O. Box 882165</u> <u>Port Saint Lucie, FL 34988</u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |
| <u> </u> | <u> </u> |

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

TUBALCAIN PIRELA

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 38.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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