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Division of Corporations

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From:

Account Name : A.B.S. OF JACKSONVILLE, INC.

Account Number : 120010000215 : (904)777-1533

Fax Number : (904)777-1717

### ORIDA/FOREIGN LIMITED LIABILITY CO.

#### Stanford Lawncare, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. NAME:

The name of the Limited Liability Company is:

Stanford Lawncare, LLC

#### ARTICLE IL ADDRESS:

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

694 Varney Road Green Cove Springs, FL 32043

### ARTICLE III, REGISTERED ACENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and Florida street address of the registered agent are: Michael Stanford 694 Varney Road Green Cove Springs, FL 32043

Having been named as registered agent and to accept service of process for the above stated limited tipbility company at the place of designated in this certificate, I hereby accept the appointment as registered agent an impress to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proged 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.

Michael Stanford/Registered Agent

Date

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#### 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: Michael Stanford 694 Varney Road

Green Cove Springs, FL 32043

#### ARTICLE V. EFFECTIVE DATE

The effective date of this document shall be April 4, 2008.

REQUIRED	SIGNATURE:	

IN WITNESS WHEREOF, the undersigned member(s) has executed these Articles of Corganization, this 4th day of 40cl 2008.

(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.)

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