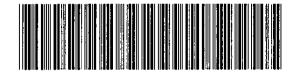
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M. Thomas APR 28 2009

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: Wilford / odom Lawn + Tree Service LLC (Name of Limited Liability Company)
The er	nclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Heath Wilford (Name of Person)
	(Name of Person)
	· •
	(Firm/Company)
	ZIII Boston Huy (Address)
	(Address)
	Montrice 110 FL 32344 FF 2 City/State and Zip Code)
	(City/State and Zip Code)
For fur	ther information concerning this matter, please call:
/	Heath Wilford at (850) 509-8076 (Name of Person) (Area Code & Daytime Telephone Number).
Enclos	sed is a check for the following amount:
]\$125.	00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\text{\$155.00 Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$
	Mailing Address Registration Section Division of Cornorations Street/Courier Address Registration Section Division of Cornorations

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:
Wilford I odom Lawn & Tree Service 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: Mailing Address:
83 Circle Six Trail (-SAME- Montuello FL 32344)
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 organither business entity with an active Florida registration.) The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are: Heath Wilfurd Name
Florida street address (P.O. Box NOT acceptable)
menticello E FL 32344 City, State, and Zip
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

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

<u>Title:</u>	Name and Address:
"MGR" = Manager	•
"MGRM" = Managing Member	
MGRM	Heath Willard
<u> /// 0/C//)</u>	ZIII Bostav HWY
	Monticello FL 32344
MGRM	Brian Odom
	83 Circle Six Trl
	Monticello FL 32344
	ALS
	LCC I
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	SEI SEI
(Use attachment if necessary)	TO TO
LE V: Effective date, if other than the	date of filing: 4/28/08 (OPTO

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.)

Hote will a

Typed or printed name of signee

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)