

May 28 2008 3:13PM

CSH SERVICES

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLORIDA LAWN CARE PROFESSIONAL, LLC

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EXAMINER

H.08000139351-3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

FLORIDA LAWN CARE PROFESSIONAL, LLC

ARTICLE II ADDRESS

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

2461 WATERFALL DRIVE
SPRINGHILL, FLORIDA 34608

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

CHRISTA NELSON
2461 WATERFALL DRIVE
SPRINGHILL, FLORIDA 34608

2008 MAY 28
SECRETARY OF
TALLAHASSEE

Having been named as registered agent 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.

X



CHRISTA NELSON / Registered Agent's signature

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FLORIDA LAWN CARE PROFESSIONAL, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

Managing Member

CHRISTA NELSON

2461 WATERFALL DRIVE

SPRINGHILL, FLORIDA 34608

.....

X Christa Nelson
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
penalties of perjury that the facts stated herein are true.

CHRISTA NELSON

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA