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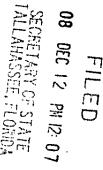
(Requestor's Name)
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D. BRUCE
DEC 15 2008
EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: Affor	able Lawn (Name of Limited	And Property Liability Company)	y solutions	LL
The enclosed Articles of O	rganization and fee(s) are su	abmitted for filing.		
Please return all correspond	dence concerning this matter	r to the following:		
Julie	Wimbush	Name of Person)		
	0	Firm/Company)		
10870	Gladiolus	(Address)		
Fort	Myers 7	1 33908 State and Zip Code)		98 DEC
For further information con	cerning this matter, please	call:	AS ME	12 PH 1
Julie W (Name of	imbush	at (<u>33</u> 9) <u>(03</u> - (Area Code & Daytime Tele	-5740 Pm	ED 18/12:07
Enclosed is a check for the	ne following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & [Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
1	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

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:	
Afforoble Lawn and (Must end with the words "Limited Liability	J Property Solutions LL
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10870 Gladiolus Dr Fort myers 71 33908	10870 Gladidlus Dr 97. Myers 71 33908
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Julie Wink	oush start
10870 Gladio	ress (P.O. Box NOT acceptable)
Fort Muers	ress (P.O. Box NOT acceptable) FL 33508
City, State, a	nd Zip
Having heen named as registered agent and to	recent varying of process for the above stated limited

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	Name and Address:
"MGRM" = Managing Member	Julie Wimbush
MGR	Larry Wimbush or 10870-910010 Jus Dr Fort Myers 71 33908
(Use attachment if necessary)	
RTICLE V: Effective date, if other than the of an effective date is listed, the date must be or 90 days after the date of filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
(In accordance with sect	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
Larry M	JIMOUSH R SERVER
Filing Fees:	
\$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ization and Designation