## L090015393

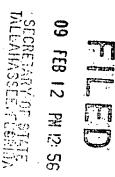
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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S. HAWKES
FEB 1 6 2009
EXAMINER

## **COVER LETTER**

10.1	Division of Co						
STIB I	FCT. FLOR	DA LANDSCAPE	MANAGEMENT, LL	Ö			
SOL	To Carlotte		ed Liability Company)				
The er	sclosed Articles o	f Organization and fee(s) are	submitted for filing.				
Please	return all corresp	ondence concerning this matt	er to the following:				
	Bradford C	3. Inman					
			(Name of Person)				
	C/O Signs	'N Stuff, Inc.					
			(Firm/Company)				
	369 Bland	ing Blvd., Suite 10	002				
(Address)							
	Orange Pa	ark, FL 32073					
- (		(Cit	y/State and Zip Code)				
For fu	rther information	concerning this matter, please	cali:				
		18 FAV 1809-LE	53 - 120 May 200 - 536	**************************************			
Ang	ela Kemp	<u> </u>	_at (904) 272-232	4			
	(Name	of Person)	(Area Code & Daytime Tele	ephone Number)			
Enclo	sed is a check fo	or the following amount:					
<b>\$</b> 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)			
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301				

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is:

### FLORIDA LANDSCAPE MANAGEMENT, 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:
620 Crystal Way	P O Box 440456
Orange Park, FL 32065	Jacksonville, FL 32222
Bradford G. In	······································
	Name
620 Crystal W	ay
Florid	a street address (P.O. Box <u>NOT</u> acceptable)
Orange Park	, <sub>FL</sub> 32065
C	ity, 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)
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:

MGR	Bradford G. Inman		17 ST 99
	620 Crystal Way 信号		
	Orange Park , FL	32065	6
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			المستريخين المستريكية
<del></del>	<del></del>		<u>-</u> _
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	<del></del>		
(Use attachment if necessary)			
(000 momentum 12 1100000m) /			
LE V: Effective date, if other than the	ha data of filing:		(OPTIONAI

**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.)

Bradford G. Inman

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)