

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000101324  
FILED 8:00 AM  
October 20, 2009  
Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:  
LAWN DOCTORS AND RECOVERY, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
7195 NW 215TH WAY  
STARKE, FL. 32091

The mailing address of the Limited Liability Company is:  
7195 NW 215TH WAY  
STARKE, FL. 32091

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
STEVEN B FUQUA  
7195 NW 215TH WAY  
STARKE, FL. 32091

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.

Registered Agent Signature: STEVEN B. FUQUA

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
SHANNON ELIXSON  
7195 NW 215TH WAY  
STARKE, FL. 32091

Title: MGR  
JESSE SMITH  
14753 SE CR 230 A  
STARKE, FL. 32091

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### **Article VI**

The effective date for this Limited Liability Company shall be:

10/20/2009

Signature of member or an authorized representative of a member

Signature: SHANNON M. ELIXSON