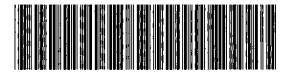
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(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
_	_	_
(Business Entity Name)		
(Document Number)		
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Certified Copies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

B. KOHR
FEB 1 8 2010
EXAMINER



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WILSON'S LAWKARE	
WILSON'S LAWKARE SERVICE LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
·	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signatura	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
- 1/16/10 pm	UCC 11 Search
Name Date Time	UCC 11 Retrieval

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



#### ARTICLE I - Name:

The name of the Limited Liability Company is WILSON'S LAWNCARE SERVICE LLC

#### ARTICLE II - Address:

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

Principal Office Address: 906 N 24 STREET FORT PIERCE FL 34950-6057 Mailing Address: PO BOX 5613 FORT PIERCE FL 34947

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

#### GENE F WILSON 906 N 24 STREET FORT PIERCE FL 34950-6057

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, Florida Statutes..

Registered Agent's Signature

### ARTICLE IV - Manager(s) or Managing Mcmber(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name & Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR:

GENE F WILSON 904 N 24 STREET FORT PIERCE FL 34950-6057

NOTE: An additional article must be added if an effective date is requested

**REQUIRED SIGNATURE:** 

Signalure of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statures, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**GENE F WILSON** 

Filing Fees:
\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)