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

From:

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Account Number : I20070000160  
Phone : (800) 494-3124  
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**FLORIDA LIMITED LIABILITY CO.**

**Ideal Landscaping LLC**

Certificate of Status	0
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**J. BRYAN**

AUG 24 2010

**EXAMINER**

H1000001888623

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

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

IDEAL LANDSCAPING LLC

**ARTICLE II ADDRESS**

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

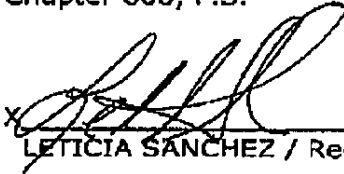
809 S 15TH STREET  
FT PIERCE, FLORIDA 34950

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

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

LETICIA SANCHEZ  
809 S 15TH STREET  
FT PIERCE, FLORIDA 34950

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   
LETICIA SANCHEZ / Registered Agent's signature

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IDEAL LANDSCAPING 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

LETICIA SANCHEZ

809 S 15TH STREET

FT PIERCE, FLORIDA 34950

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TALLAHASSEE, FLORIDA

.....

X 

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.

LETICIA SANCHEZ