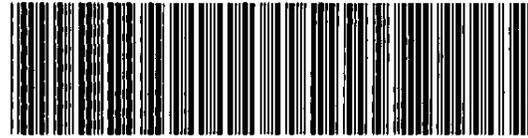


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

11/02/10--01002--007 **125.00

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J. BRYAN

NOV -3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lipseys Lawn and Irrigation LLC
Name of Limited Liability Company

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TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryon Lipsey
Name of Person

Lipseys Lawn and Irrigation LLC
Firm/Company

PO Box 2221
Address

New Port Richey, FL 34656
City/State and Zip Code

lawnman07162@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryon Lipsey at (727) 937-8396
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

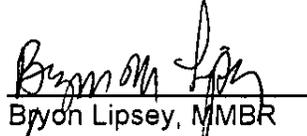
Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

AFFIDAVIT FOR RELINQUISHING LIMITED LIABILITY COMPANY NAME

State of Florida
County of Pasco

Before me, The undersigned authority, personally appeared who was sworn and says that:

1. He is Managing Member and sole member of Lipsey's Lawn and Irrigation, LLC L05000035028.
2. The Members of Lipsey's Lawn and Irrigation, LLC resolves to give-up the name of the LLC (item 1) to the LLC whose Articles of Organization are attached herewith.
3. The LLC noted in item 1 will hereafter be known as:
Bryon Lipsey, LLC


Bryon Lipsey, MMBR

Sworn to and subscribed before me on 10/29/2010 by Bryon Lipsey.

Personally known or Produced identification
Type of identification produced Florida Drivers LIC



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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lipsey's Lawn and Irrigation 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:

5814 Chapman
New Port Richey, FL 34652

5814 Chapman
New Port Richey, FL 34652

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Bryon Lipsey
Name

5814 Chapman
Florida street address (P.O. Box **NOT** acceptable)

New Port Richey FL 34652
City, 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)

ARTICLE IV- Manager(s) or Managing Member(s):

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

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

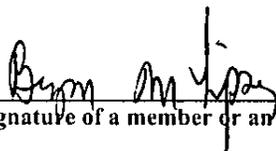
MGRM

Bryon Lipsey
5814 Chapman
New Port Richey, FL 34652

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Bryon Lipsey

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)