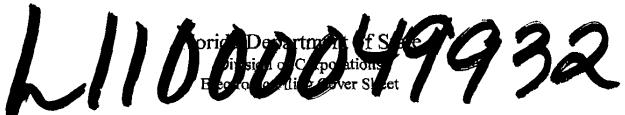
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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

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FLORIDA LIMITED LIABILITY CO. ORION LANDSCAPING LLC

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D. BRUCE

APR 28 2011

EXAMINER

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4/27/2011 12:40 ms

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ORION LANDSCAPING 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:
7000 SW 4 ST. HIAM. Fl
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:
Name
Florida street address (P.O. Box NOT acceptable) Florida Street address (P.O. Box NOT acceptable) FL 33144 City, State, and Zip
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)

H11000115628

Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
	1 + 1.
HORM	Yuset Hesa
	7060 SW 4 ST HIA- 1 F1 33144
HERM	EDV 020260
_ 	7064 BW 4 ST HIAMI FI 37144
	
LE V: Effective date, if other than the fective date is listed, the date must he	e date of filing:
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	e date of filing: ———. (OPTIONAL) be specific and cannot be more than five business days properties.
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