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C. LEWIS

MAY - 4 2011

EXANTINER

COVER LETTER

TQ: Registration Section Division of Corporations
SUBJECT: A Fresh START HOME AND LAWN MAINTENANCE CIMITECT Name of Limited Liability Company Cicability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Dustin Anthony Ledford Jame of Person
A Fresh Start Home and Lawn Maintenance Leinifed Liability
2547 Tuny Leof Road Address
Tallahasse Florida 32305 City/State and Zip Code Ledfo 822 @ Memail. Tal. Fl. EDU E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Destro ledford at (850) 6661-2714 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & Certificate of Status \$\int \text{Certified Copy} \\ (additional copy is enclosed) \int \text{Certified Copy} \\ (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Æ	Sh Start Home and Lawn Maintenance Comited Gabil (Must end with the words "Limited Liability Company, "L.L.C." or "L.C.")
	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
	Principal Office Address: Mailing Address:
	2547 Tiny leaf Rd. 2547 tiny Light Rd. Tallahassee, FL. 32305 Tallahassee, FL. 32305
	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: District Ledford Name
	AS47 Tiney Leaf Rd- Florida street address (P.O. Box NOT acceptable) Tar/Acceptable
	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

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 (REOURED)

(CONTINUED)

FILED ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: 11 MAY -4 PM 3:18 SECRETARY OF STATE TABLAHASSEE, PLONIDA Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.)

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)