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SEUNETARY OF STATE
ALLAHASSEE, FLORIDA

K. SALY EXAMINER JUL 6 2011

COVER LETTER

TO:		ion Section If Corporations		
SUBJ	_{вст.} МЕ	NARD'S LAWN & L	ANDSCAPING, "LLC."	
3083			ed Liability Company	
The en	closed Articl	les of Organization and fee(s) are s	submitted for filing.	
Please	return all con	rrespondence concerning this matt	er to the following:	
		LEONAF	RD T. MENARD	
			Name of Person	
		MENARD'S LAWI	N& LANDSCAPING, "LLC."	
			Firm/Company	
		1722 WEST	ELDRED DRIVE	
			Address	
			A, FL. 33607	
		City	/State and Zip Code	
			MPABAY.RR.COM or future annual report notification)	
For fur	ther informa	tion concerning this matter, please	•	
	LEONA	RD T. MENARD	at (813) 900-3850	
	N	ame of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a chec	ek for the following amount:		
7]\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	s &
		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	



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MENARD'S LAWN & 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:
1722 WEST ELDRED DRIVE	1722 WEST ELDRED DRIVE
TAMPA, FL. 33607	TAMPA, FL. 33607

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

1722 WEST ELDRED DRIVE

Florida street address (P.O. Box NOT acceptable)

TAMPA

FL 33607

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)

Page 1 of 2



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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	iber
"MGRM"	LEONARD T. MENARD
	1722 WEST ELDRED DRIVE
	TAMPA, FL 3607
	
Use attachment if necessary)
•	
Ev: Effective date, if other ective date is listed, the dat	r than the date of filing: (OPTIO) e must be specific and cannot be more than five business of
days after the date of filing.	
	↑.
REQUIRED SIGNATURE	"
REQUIRED SIGNATURE	
	f a member or an authorized representative of a member.

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)