

# L11000103867

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

From: Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302)575-0875  
Fax Number : (302)575-1642

**L. SELLERS**  
SEP 12 2011  
**EXAMINER**

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**Florida Home Services Lawncare LLC**

Certificate of Status	0
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Page Count	01
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TALLAHASSEE, FLORIDA

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is: **Florida Home Services Lawncare LLC.**

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: **1275 Ivy Way, Naples, Florida 34117.**

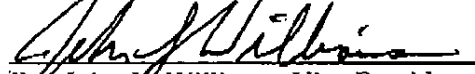
**ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature:**

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

**Agents and Corporations, Inc.  
300 Fifth Avenue South, Suite 101-330  
Naples, FL 34102**

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.

**Agents and Corporations, Inc.**

  
By: **John L. Williams, Vice President**

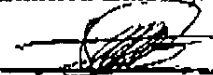
**ARTICLE IV – Management (Check box if applicable.) [ ]**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

**ARTICLE V – Manager:**

The initial Manager(s) of the Limited Liability Company shall be:  
**Norma Gamboa**

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.)

  
**Norma Gamboa**  
Typed or printed name of signee

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