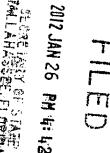
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COVER LETTER

Division of Corporations	
SUBJECT: All American Tree Pro LLC. Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Millssa Hardy Name of Person	
All Anterican Tree Pro, LLC	
10075 breen Fountain Rd Address Address	•
10110100SSeV FT 56505	
City/State and Zip Code ALLAMe(ICCI) T(eePco@amail.com E-mail address: (to be used for future annual report notification)	•
For further information concerning this matter, please call:	
Melissa Hardy at (850) 4.43-3601 Name of Person at (850) 4.43-3601 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\ \times \text{\$130.00 Filing Fee & Certificate of Status} \text{\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All American Tree P (Must end with the words "Limited Liabil	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10075 Green Fountain Rd Tallahassee, Fl 32305	10075 breen Fountain Rd Tallahascee, Fl 32305
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r Wellson House	tered Agent. You must designate an individual or another
10076 Green Florida street add	fress (P.O. Box NOT acceptable)

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..

egistered Agent's Signature (REQUIRED)

Tallahassee FL City, State, and Zip

(CONTINUED)

Page 1 of 2

Name and Address:
Michael Hardy 10075 Green Formtain Rd Tallahassee, Fl 32305
Melissa Hardy 10015 Green Fountain Re
S CAR
date of filing: (OPTIO) e specific and cannot be more than five business d

Signature of a member or an puthorized 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)