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PICK-UP	WAIT	MAIL
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DEPARTMENT OF STATE SCORE FARY OF DIVISION OF CORPORATIONS ALLAHASSEE. FLORIDA

RECEIVED

FEB 1 4 2012 EXAMINER

3 COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: MILAM PRIDE LANDSCAPING & DESIGN, LLC
SCEUE	Name of Limited Liability Company
The enc	losed Articles of Organization and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
_	JEWNIFER MILAM Name of Person
	MILAM PRIDE LANDSCAPING & DESIGN, LLC Firm/Company
-	Firm/Company
	164 TEAL LANE
_	Address
-	TAMAHASSEE, FZ 32308
	TAUAHASSEE, FZ 32308 City/State and Zip Code Milampride lands caping and design @ Vanoo. com E-mail address: (to be used for Juture annual report notification)
For furt	her information concerning this matter, please call:
<u> </u>	Name of Person at (850) 443-2721 Area Code & Daytime Telephone Number
Enclos	ed is a check for the following amount:
	Filing Fee \$\int \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Clifton Building Control Corporations P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

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:

MILAM PRIDE LANDS CAPING & DESIGN, 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:	
164 TEXL LANE TAMAHASSEE, FO. 3	2308 TAMAHASSEG, FT. 32308	
(The Limited Liability Company cannot se business entity with an active Florida reg. The name and the Florida street TEN 14	Altassee, FL 32308	
	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)

FILED

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

The name and address of each Manager or Managing Member is as follows 12 FEB 14 PM 3 04

Title:

"MGR" = Manager

"MGRM" = Managing Member

"MGRM" = Manager

"MGRM" = Manage

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.)

TEWNIFER MILAM

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)