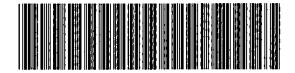
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| (Bu | siness Entity Nam | ne) |
| | | |
| (Do | cument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special instructions to | rilling Officer. | 1 |
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Office Use Only



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SECRETARY OF STATE

T. CLINE

FEB 1 7 2012

EXAMINER

COVER LETTER

| TO: | Registration Division of C | | | | |
|----------|-------------------------------|---|---|--|--|
| SUBJE | CT: On the | Edge Lawn Care LLC | | | |
| | | | ed Liability Company | | |
| The end | closed Articles | of Organization and fee(s) are | submitted for filing. | | |
| Please r | eturn all corres | pondence concerning this mat | ter to the following: | | |
| ç | Sean Moore | <u>, </u> | | | |
| | | | Name of Person | | |
| <u>.</u> | On the Edge | e Lawn Care LLC | | | |
| | | | Firm/Company | | |
| _ | 3736 Valen | cia Grove Lane | | | |
| | | | Address | | |
| Ç | rlando Fl 3 | | | | |
| | | | y/State and Zip Code | | |
| <u>s</u> | ean.moore | 91@yahoo.com E-mail address: (to be used | for future annual report notification) | | |
| For furt | her information | concerning this matter, pleas | | | |
| Sean | Moore | | at (407) 256-7041 | | |
| | Name | of Person | Area Code & Daytime Telep | phone Number | |
| Enclose | ed is a check f | or the following amount: | | | |
| \$125.00 | Filing Fee [| \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | | 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 C Tallahassee, FL 32301 | TAS | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|--|---|
| The name of the Limited Liability Company | y is: | |
| On the Edge Lawn Care LLC | | |
| (Must end with the words "Limited I | Liability Company, "L.L.C.," or "LLC.") | , _ |
| ARTICLE II - Address: | | |
| The mailing address and street address of the | e principal office of the Limited | d Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 3736 Valencia Grove lane | 3736 Valencia Grove La | ane |
| Orlando Fl 32817 | Orlando Fl 32817 | |
| | | |
| ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Fusiness entity with an active Florida registration.) The name and the Florida street address of the server of the | Registered Agent. You must designate an i | |
| Sean Moore | | |
| | ame | |
| 3736 Valencia Grove L | ane | |
| ************************************** | t address (P.O. Box NOT acceptable) | |
| Orlando | FL32817 | |
| Cit | y, State, and Zip | |
| Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as i | in this certificate, I hereby accep acity. I further agree to comply v e performance of my duties, and | ot the appointment as with the provisions of all I am familiar with and |
| Alex Mcc Registered Agent's Si | ignature (REQUIRED) | 2012 FEB 16 20 9 SEGRETARY OF STA |
| | TINUED) | PE STAI |
| Page | I OI 2 | 57 810 p |

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

| Title: "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|---|
| MGRM | Sean Moore 3736 Valencia Grove Lane Orlando Fl 32817 |
| | |
| | |
| (Use attachment if necessary) | |
| | date of filing: February 13, 2012 . (OPTIONAL) specific and cannot be more than five business days prior |
| REQUIRED SIGNATURE: | |
| Signature of a member | Nacu or an authorized representative of a member. |
| constitutes an affirmation under I am aware that any false inform | 408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.) |
| <u>Sean M</u> | as provided for in s.817.155, F.S.) AAR OO(Q) ed or printed name of signee |
| Filing Fees: | |
| \$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) | ization and Designation |