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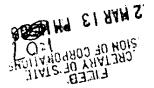
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DEFARRIGHENT OF STATE
DIVISION OF CORPORATIONS
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Green South Landsco	aping and Lawn
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
William C. McKendree Name of Person	12 MARCHARA
Green South Landscaping	3
60 Sanders Cemetery Rd	
Sopchoppy FL 32358 City/State and Zip Code	· · ·
E-mail address: (to be used for future annual report notification)	<u> </u>
For further information concerning this matter, please call:	
William C. McKen dree at (850) 567- Name of Person Area Code & Daytime Tel	- 7236 cphone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive CenterTallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA ARTICLE I - Name: The name of the Limited Liability Company is:

Green South Landsaping and Lawncare (Must end with the words "Limited Liability Company, "L.L.C.," of "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:
60 Sanders Cometery Rd Sopchoppy FL	60 Sanders Cemetery Rd Sopchoppy FL
32358	323.58

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

Name

O Sanders Cemetery

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

Sopchoppy FL 32358

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

<u>Fitle:</u> 'MGR" = Manager 'MGRM" = Managing Me	Name and Address:
MGRM	William C. McKendree, S 60 Sanders Cemetery Sopchoppy, FL 32358
MGRM	William (, McKendree Jr. 60 Sanders Cemetery R Sopchoppy FL 32358
Use attachment if necessa LE V: Effective date, if other	er than the date of filing: (OPTION
LE V: Effective date, if oth fective date is listed, the days after the date of filing	er than the date of filing: (OPTION ate must be specific and cannot be more than five business d g.)
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LE V: Effective date, if oth fective date is listed, the days after the date of filing REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that an	er than the date of filing: (OPTION ate must be specific and cannot be more than five business d g.)
LE V: Effective date, if oth fective date is listed, the days after the date of filing REQUIRED SIGNATURE Signature (In accordance with constitutes an affirm I am aware that an	of a member or an authorized representative of a member. a section 608.408(3), Florida Statutes, the execution of this document mation under the penalties of perjury that the facts stated herein are true. It is a factor of the state of th