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FLORIDA LIMITED LIABILITY CO.
Leaf Cutters Landscape, LLC

Certificate of Status	0
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MAY 18 2012

EXAMINER

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**ARTICLES OF ORGANIZATION
OF
Leaf Cutters Landscape, LLC**

ARTICLE I NAME

The name of the limited liability company shall be: Leaf Cutters Landscape, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be:
20100 2100 Cole Lane, Loxahatchee, Florida 33470.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

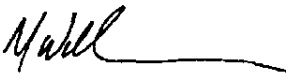
The name and address of the initial registered agent is: Business Filings Incorporated, 515 E. Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managing members and the name and address of the member of the Limited Liability Company is:
Eladio Gabriel Fraguela, 20100 2100 Cole Lane, Loxahatchee, Florida 33470



Date: May 17, 2012

Business Filings Incorporated, Organizer
Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 100, Madison, WI 53717
608-827-5300

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CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE
UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Leaf Cutters Landscape, LLC

The name and address of the registered agent and office is Business Filings Incorporated, 515 E.
Park Avenue, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated
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.



Signature: _____
Mark Williams, A.V.P. Business Filings Incorporated

Date: May 17, 2012

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