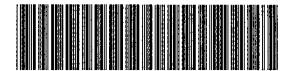
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(Red	uestor's Name)	
(Add	Iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	· WAIT	MAIL.
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

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K. SALY EXAMINER FEB - 6 2013

COVER LETTER

TO:	Registration Division of C				
SUBJI	ECT:		2BN		
30 Bu.		Name of Limit	ed Liability Comp	any	
The en	closed Articles	of Organization and fee(s) are	submitted for filing	g.	
Please	return all corres	pondence concerning this matt	er to the following	g:	
	Joseph	A. Chiellini			
			Name of Person		
	Ameris	cape Services	3		
			Firm/Company		
	9702 H	larney Road			
			Address		
	Thonot	ossasa, FL 3	Name of Person ape Services Firm/Company rney Road Address ssasa, FL 33592 City/State and Zip Code meriscapeusa.com E-mail address: (to be used for future annual report notification) ncerning this matter, please call: Chiellini Person Area Code & Daytime Telephone Number the following amount:		
	9702 Harney Road Address Thonotossasa, FL 33592 City/State and Zip Code chiellini@ameriscapeusa.com				
-	Jenieilinie	yamenscapeusa.c	OM for future annual rep	ort notification)	
For fur	ther information			,	
		-		948-39	938
		of Person	at (Area Code	e & Daytime Telep	phone Number
Enclos	sed is a check t	for the following amount:			
	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filit Certified Co (additional cop	рру	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
erica Santas	in and a	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrat Division Clifton E 2661 Ex	ourier Address ion Section of Corporations Building ecutive Center C see, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	EFFECTIVE DATE
2BN, LL	c
(Must end with the words "Limited Liabi	
ARTICLE II - Address:	
	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Ameriscape Services	Ameriscape Services
9702 Harney Road	9702 Harney Road
Thonotossasa, FL 33592	Thonotossasa, FL 33592
business entity with an active Florida registration.)	d Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another registered agent are:
business entity with an active Florida registration.) The name and the Florida street address of the Joseph A. Chiellini	tered Agent. You must designate an individual or another
business entity with an active Florida registration.) The name and the Florida street address of the	tered Agent. You must designate an individual or another
business entity with an active Florida registration.) The name and the Florida street address of the Joseph A. Chiellini	tered Agent. You must designate an individual or another
business entity with an active Florida registration.) The name and the Florida street address of the Joseph A. Chiellini Name 9702 Harney Road	tered Agent. You must designate an individual or another
business entity with an active Florida registration.) The name and the Florida street address of the Joseph A. Chiellini Name 9702 Harney Road	tered Agent. You must designate an individual or another
business entity with an active Florida registration.) The name and the Florida street address of the another Joseph A. Chiellini Name 9702 Harney Road Florida street ad Thonotossasa	registered agent are: dress (P.O. Box NOT acceptable)

(CONTINUED)

Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manag	aer	Name and Address:			
"MGRM" = Man	•				
MGRM		Joseph A. Chiellini			
		9702 Harney Road			
		Thonotossasa, Ft. 33592			
MGRM		Mark A. Almeda			
	_	9702 Harney Road			
		Thonotossasa, FL 33592			
	_				
(Use attachment	if necessary)				
effective date is l		date of filing: February 4, 2013 . (be specific and cannot be more than fi			

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.)

Joseph A. Chiellini

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)