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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LAWN AND LEAF, L.L.C.
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
SCOTT H. HALL
Name of Person
Firm/Company
901 GREYSTONE LANE
Address
SARASOTA, FLORIDA 34-232 City/State and Zip Code SHOHALL @ Come ASTONET
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SCOT HALL at (941) 342-9532 Name of Person Area Code Daytime Telephone Number
·
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Street Address
New Filing Section New Filing Section Division of Corporations Division of 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 - Nam	e	
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The name of the Limited Liability Company is:

LAWN AND LEAF L.L.C.
(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:

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:

901 GREYSTONE LANE
Florida street address (P.O. Box NOT acceptable)

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 605, F.S..

Page 1 of 2

(CONTINUED)

egistered Agent's Signature (REQUIRED)

(Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days atte of filing.) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days atte of filing.) effective date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of an authorized representative of a member. This document is excelled in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Typed or printed name of signee	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	"MGR" = Manager	- som it that
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	<u> Mak</u>	ON EDEUSTALE LANE
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		SALASOTA, FLORIDA 34232
(Use attachment if necessary) CLE V: Effective date, if other than the date of filing:		,
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)