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## **COVER LETTER**

TO:	Registration Section Division of Corporat		
SUBJE	CT: FAMOUS	S GRASS & MAINTENANCE LLC  Name of Limited Liability Company	
		Name of Limited Liability Company	<del></del>
The en	losed Articles of Organ	nization and fee(s) are submitted for filing.	
Please	eturn all correspondenc	ce concerning this matter to the following:	
	PATRIC	CIA AppoLoN  Name of Person	With the same of t
		Name of Person	
	FAMOUS	GRASS & MAINTENANCE LCC Firm/Company	
	21000	NW 32 CT Address	
		Address	
	MIAM	City/State and Zip Code  Mous GRASS Q gnail cam	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	<i>F-A</i>	MOUS GRASS & GMAILICOM	
		address: (to be used for future annual report notification)	
For furth	er information concerni	ing this matter, please call:	
	PATRICIA	Appolen at (786) 270-9390 erson Area Code Daytime Telephone Number	
	Name of Po	erson Area Code Daytime Telephone Number	
Enclose	d is a check for the follo	owing amount:	
\$125,00		tificate of Status Certified Copy Ce	O Filing Fee, cate of Status & ed Copy al copy is enclosed
	Mailing Add		
	New Filing Se Division of C		
	P.O. Box 632	27 Clifton Building	
	Tallahassee, l	FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability	Company is:						
FAMOUS	GRASS & NI	AINTENA	NCE LLC				
(Must end wi	th the words "Limited L	iability Compa	ny, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street add	ress of the principal offi	ce of the Limit	ed Liability Company is:				
<u>Principal</u>	Office Address:		Mailing Address:				
21000 NW	32°T 33056		21000 NW 32CT MIAMI, FI. 33056				
MIAMI, FI.	33056		MIAMI, F1. 33056				
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its own R	egistered Agen	ent's Signature: t. You must designate an individual or				
The name and the Florida street ad	dress of the registered a	gent are:					
	PATRICIA	1 Appo	LON				
	21000 N	1N 320	.1				
	Florida street address (P.O. Box NOT acceptable)						
	MIAMI	FI	33:56				
	City		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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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Title:	Ab a sime d Normbon	Name and Address:	
"MGR" = Mar		PATRICIA Appolon	
M & (	<u></u>	PATRICIA Appolon 21000 NW 32CT MIAMI, FI 33056	
		MIAMI, FI. 33556	
	<del></del>		
(Use attachme	nt if necessary)		
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