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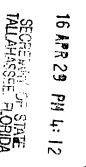


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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FRONTLine Las Name of L	en Care Service's LLC imited Liability Company
The enclosed Articles of Organization and fee(s)	are submitted for filing.
Please return all correspondence concerning this r	natter to the following:
Willie Henry	Herrin 6 dR Name of Person
Fronthine Lau	Firm/Company
102 EIM AVENU	ie
• •	
Havana, F	1, 32333
	City/State and Zip Code
JW 50N 12340	Yahop-Lom d for future annual report notification)
E-mail edd, ess: (to be use	d for future annual report notification)
For further information concerning this matter blea	ise call:
Willie H. Herring Star	Rrea Code Daytime Telephone Number
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (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 Tallahassee, FL 32314	Cliston Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FRONTLINE Lawn Care Services LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
102 FIM AVC, Havana, Fl. 32333	Space
RTICLE III - Registered Agent, Registered Office, & Re	egistered Agent's Signature:
The Limited Liability Company cannot serve as its own Regi	stered Agent. You must designate an individual or
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)  The name and the Florida street address of the registered ager	ıl are:
The Limited Liability Company cannot serve as its own Regionother business entity with an active Florida registration.)  The name and the Florida street address of the registered ager	
(The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)  The name and the Florida street address of the registered ager	Herring dr

Having been named as registered agent and to accept service of process for the above stated limited highlity company at the place designated in this pertificate, I hereby accept the appointment as registered agent and agree to the 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 implimited with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Che H, Herry Registered Agent's Signature (REQU RED

(CONTINUED)

Page 1 of 2

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SECHE SHILL OF STATE

ARTICLE IV- The name and address of each person	n authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: Willie Henry Herring dr
	Havana, Fl. 32333
•	
(Use attachment if necessary)	•
(If an effective date is listed, the date must b the date of filing.)	date of filing: (OPTIONAL)  e specific and cannot be more than five business days prior to or 90 days after  not meet the applicable statutory filing requirements, this date will not be listed ent of State's records.
ARTICLE VI: Other provisions, if any.	
	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Floriga Statutes.

H. Herring
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)