19.4519 01:10 05221140 01

PAGE 01/03

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170002404703)))



H170002404703ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Corporations Fax Number : (850)617-638	,	
From:	Account Name : LAZARUS CORP Account Number : 120800000019 Phone : (305)552-597 Fax Number : (305)675-594	ORATE FILING SERVICE, I 3	NC.
ann	the email address for this busi ual report mailings. Enter only il Address:	ness entity to be used y one email address ple	for future ANA SEP 19
<u></u>	FLORIDA LIMITED AMERICAN H	LIABILITY CO. ARDSCAPE	S LCC
CHC ES	Certificate of Status	1	تمك
L VICINAL	Certified Copy	0	
in the second	Page Count	03	
1 2 0		\$130.00	

RECENED

PAGE 02/03

H17000240470

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The hame of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC." or "LLC.")

merican Hardscapes LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 0011 0011

8814 Collins Quence Suite 302 Jurtside FC. 3315

ARTICLE III - Registered Agent, Registered Office:

:

The name and the Florida street address of the registered agent are: (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.)

ina. Salas avenue Sulte 30 011125 **3315**

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

SEP

))) ||X|

ö

H17000240470

regulez

Page 1 of 2

01/07/2013 01:10 3052201440

LAZARUS

PAGE 03/03

H11000240470

Required Signatures:

Signature of a member of an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated berein 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.

Fline Salas

Typed or printed name of signee

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)

Page 2 of 2

#17000240470