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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Quality INSURANCE COMPANY 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:
T 20 P W S
JERRY PICKENS Name of Person
C Name of Person
AD - W FORT DV.
2910 Kerry FOREST PKWY
Address
D-4 391 Tallahassee 7L 32309 City/State and Zip Code 100Kdowy 6209 mail.com
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report floations)
For further information concerning this matter, please call:
TERR PLANE BUL 182-6002
JERRy Pickers at 816 A82-6002 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Dayanie receptions
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & Certificate of Status &
Certificate of Status ——Certified Copy
(additional copy is enclosed) 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 1 - Name: The name of the Limited Liability Company is:	
ON The Go Land Scaping & Lawy Services U. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	C
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address: Mailing Address:	
2910 Kerry Forest PKWy D-4 391 Tallahasseett 323 09	
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 JERRY PICKENS Name 3910 Kerry Forest Pkwy Florida street address (P.O. Box NOT acceptable)	
2910 Kerry Forest Prwy	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
Tallahassee 41 32309 City State 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	
July fichers	
(egistered Agent's Signature (REQUIRED)	
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THE STATE OF THE STATE OF THE STATE OF	Manakan	Name and Address:
"AMBR" = Authorized "MGR" = Manager	Member	A CHICA K CONTRACTOR
		A TO REITY FORESTAM
MANAGE		D-G-0-11
MANAGER OWENER		IERRY PICKENS
	-	2910 Kerry FOREST PKWS
		Tailahassee +L 32309
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(Use attachment if nec		
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ARTICLE IV-