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(Address)				
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J. BRYWAN MAY - 6 2005

TRANSMITTAL LETTER

Division of Corporations				
SUBJECT: Sweetgrass Botanicals	LLC			
	lame of Limite	d Liability Cor	mpany)	
The enclosed Articles of Organization a	and fee(s) are s	ubmitted for fi	ling.	
Please return all correspondence concer	ming this matte	er to the follow	ino:	TOTAL AMASSEE, FLORIOR
			-	
Elise Pearlstine				
	(1	Name of Person)		PS.C.
				79
	(Firm/Company)		All
				P
2540 Trout Way				
		(Address)		· · · · · · · · · · · · · · · · · · ·
Cooper City, FL 330)26			•
		State and Zip C	ode)	
For further information concerning this	matter, please	call:		
Elise Pearlstine		at (954	392- 7265	
(Name of Person)		(Area C	Code & Daytime Te	lephone Number)
Enclosed is a check for the following	g amount:			
☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & ☐			Filing Fee &	 ■ \$160.00 Filing Fee,
Certificate of Status		Certified C	~ ~	Certificate of Status &
		(additional co	py is enclosed)	Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section		MAILING ADDRESS: Registration Section		
Division of Corporation	ons	Division of Corporations		
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 6327 Tallahassee Florida 32314		
Tallahassee, Florida 32399		Tallahassee, Florida 32314		

	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Con	npany is:
Sweetgrass Botanicals LLC	SKI OF THE STATE O
ARTICLE II - Address:	
The mailing address and street address	of the principal office of the Limited Liability Companyis
Principal Office Address:	Mailing Address:
2540 Trout Way	2540 Trout Way
Cooper City, FL 33026	Cooper City, FL 33026
Leonard Pearistine	
	Name
2540 Trout Way	Name
2540 Trout Way	Name a street address (P.O. Box <u>NOT</u> acceptable)
2540 Trout Way	a street address (P.O. Box <u>NOT</u> acceptable)
2540 Trout Way Florida Cooper City, FL 3302	a street address (P.O. Box NOT acceptable)
2540 Trout Way Florida Cooper City, FL 3302 Ci Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	a street address (P.O. Box <u>NOT</u> acceptable) 26 FL

(CONTINUED)

Page 1 of X 3

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		Q 2
WORW — Wallaging Welliber	· s	是多
MGRM	Elise Pearlstine	C 7 7
	2540 Trout Way	- 5° 0 1
	Cooper City, FL 33026	_ K. 3 3 1
MGRM	Leonard Pearlstine	- 1000
	2540 Trout Way	
	Cooper City, FL 33026	_ 35
		 . <u>.</u>
(Use attachment if necessary)		
NOTE: An additional article m	ust be added if an effective date is requested.	
REQUIRED SIGNATURE:		
Elise	V Pearlstone	· · · · · · · · · · · · · · · · · · ·
Signature of a me	mber or an authorized representative of a member.	
of this document co	a section 608.408(3), Florida Statutes, the execution constitutes an affirmation under the penalties of perjury ed herein are true.)	
Elise Pearlstine		
	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)

Article V- Percent Ownership

The members of the limited liability company shall have the following percent ownership:

Elise Pearlstine

52%

Leonard Pearlstine

48%

Elise Pearlstine

Leonard Pearlstine