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(Re	equestor's Name)	:							
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(Ac	idress)								
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(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	MAIL MAIL							
(В	siness Entity Name)							
(Do	cument Number)								
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INNOVATIVE TURF SUPPLY. II	4C.
	of corporation - must include suffix)
Dear Sir or Madam:	
	Authorization to Transact Business in Florida", "Certificate of ve referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter	to the following:
ELIZABETH BASS	-
	ame of Person)
GAY & JOSEPH, CPA, PC	
(F	irm/Company)
201 CHURCH STREET	
	(Address)
LAGRANGE, GA 30240-2711	TAS
(City/S	State and Zip code)
For further information concerning this matter, please c	all:
ELIZABETH BASS at	706-884-7331
(Name of Person) (Area C	ode & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
X \$70.00 Filing Fee \$ Certificate of Status	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	INNOVATIVE TURF SUPP	LY. INC.			·			
	(Name of corporation; must include words or abbreviations of like impor	t in language as will cle	arly	indicate that it is a corpo				
	natural person or partnership if not	so contained in the nam	e at j	present.)				
2.	GEORGIA		3.	58-2569532			_	-
	(State or country under the law of w		(FEI number, if applicable)					
4.	9-11-00		5.	PERPETUAL				
	(Date of incorpora	(Duration: Year corp	corp. will cease to axist or "perpetual")					
_	0 4 03 "						<u>ස</u>	
6.	9-1-03 (Date first transacted business in Flo	ride If corneration has	not	transacted business in Fl	orida insert"	Toon on	ilifica	tiona")
	<i>ଫ</i> ::::::::::::::::::::::::::::::::::::		CHOITY)					
	·			97.1502 and 817.155, F.S	,		ىد	
7.	115 PRESTWICK DRIVE.			0240		1 4 6.	3	31
		(Principal	offic	e address)	Í		ည်	J
	115 PRESTWICK DRIVE.	LAGRANGE, GA	у 3	0240			7.	
	IID FRESINICA DALVE.	(Current m				122		
		,						
8.	SALES OF TURF PRODUC			D SEEDS - MOST				
	(Purpose(s) of corporati	on authorized in home	state	or country to be carried of	out in state of	Florida)		
9.	Name and street address of Flor	ida magistawad agants	70.6	Dov or Mail Drop R	ov NOT acc	antahla)		
У.	Name and <u>street address</u> or Flor	ida registered agent:	(2.4	J. BOX OI Wall DIOP D	ox <u>ino i</u> acc	ергаотсу		
	Name: ROGER WELKER							
Of	fice Address: 4040 NE SUGA	R HILL AVE			-			
	JENSON BEACH	r		, Florida	34957			
	O ENGON BEACE	(City)		, 1 101 10a	(Zip code)			
		\ \/						

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: _ Vice Chairman:____ Address: Director: __ Address: Director: ___ Address: ____ B. OFFICERS President: FRANK W. GILL, JR. Address: 115 PRESTWICK DRIVE LAGRANGE, GA 30240 Vice President: Address: _ Secretary: Address: Treasurer: ___ Address: NOTE: If necessary, you may attach an addendy in the application listing additional officers and/or directors. 13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FRANK W. GILL, JR. (Typed or printed name and capacity of person signing application)

PRESIDENT

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 032600545
CONTROL NUMBER : 0040366
DATE INC/AUTH/FILED: 09/11/2000
JURISDICTION : GEORGIA
PRINT DATE : 09/17/2003

FORM NUMBER : 211

INNOVATIVE TURF SUPPLY, INC. FRANK W. GILL HELD 115 PRESTWICK DR LAGRANGE, GA 30240

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

INNOVATIVE TURF SUPPLY, INC. A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Cathy Cox Secretary of State