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Updater

Verifyer

Acknowledgement

W P. Verifyer

ACCOUNT NO.: 072100000032

REFERENCE: 533398

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: April 17, 2002

ORDER TIME : 1:47 PM

ORDER NO. : 533398-005

CUSTOMER NO: 7256618

CUSTOMER: Mr. John S. Hartman

Mr. John S. Hartman

4011 Vincennes Place

New Orleans, LA 70125

DOMESTIC FILING

NAME:

DCC

DCC

DCC

GENESIS ONE TECHNOLOGIES

WHEATGRASS, LLC

EFFECTIVE DATE:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ARTICLES OF ORGANIZATION

Name PLAIN STAMPED COPY Availabili XX Documer ONTACT PERSON: Norma Hull - EXT. 1115 DCC EXAMINER'S INITIALS: Examiner DCC Updater

BIVISION OF CORPORATION BIVISION OF CORPORATION TALL AUASSEL, FLORIDA

BECEINED

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·
ARTICLE I - Name: The name of the Limited Liability Company is:
GENESIS ONE TECHNOLOGIES WHEATGRASS, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
3522 SEMINOLE AVENUE, FT. MYERS, FL 33916
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State, and 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 608, F.S.  Corporation Service Company  Registered Agent's Signature
Article IV - Management (Check box if applicable.)  The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested)
Daving D. O. Ja
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LAURA R. DUNLAP

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

MANAGING MEMBERS:

Donald L. Jansen 3522 Seminole Avenue Ft. Myers, FL 33916

James W. Weston
PO Box 21101
Sarasota, FL 34276

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SECRETARY OF STATE

FILEU

FILE No.915 04/18 '02 08:20

ID:CSC TALLAHASSEE

FAX:850 5211010

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## LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of GENESIS ONE TECHNOLOGIES WHEATGRASS, LLC(the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this \ 8 day of

Signatur

ant Name of Signer

WITNESS:

Print Name of Witness

WITNESS: