

Florida Department of State

Division of Corporations
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LIMITED LIABILITY COMPANY

Sunshine Fence and Irrigation LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name | | , <u></u> |
|--|---|---|
| The name of the Limited Liability Company is: | Sunshine Fence and Irrigation | LLC |
| ARTICLE II - Address The mailing address and street address of the principal | al office of the Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | <u> </u> |
| 4800 NW 33 Terrace | 4800 NW 33 Terrace | |
| Gainesville, FL 32605 | Gainesville, FL 32605 | · - |
| | ent-german | 9 |
| | | SECOND FILE |
| ARTICLE III - Registered Agent, Registered The name and Florida street address of the registered | ered Office & Registered Agent's Signature | T AM 10: 09 |
| Lynn S | Schwartz | 3 |
| | Name | |
| 4800 N | W 33 Terrace | · = |
| ,a | P.O. Box or Mail Drop Box NOT Acceptable) | ~ |
| Gaines | ville, FL 32605 | · |
| , | (City / State / Zip) | - |
| Having been named as registered agent and to ac at the place designated in this certificate, I hereby | cept service of process for the above stated limited accept the appointment as registered agent and ag | liability company ree to act in this |

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.

Registered Agent's Signature - Lynn Schwartz

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 | |
| MGR | David Schwartz-4800 NW 33 Terrace, Gaincsville, FL 32605 |
| MGR | Lynn Schwartz- 4800 NW 33 Terrace, Gainesville, FL 32605 |
| MGR | Thomas Randy Schwartz-4800 NW 33 Terrace, Gainesville, FL 32605 |
| MGR | Hejdi Schwartz- 4800 NW 33 Terrace, Gainesville, FL 32605 |
| (Use attachment if necessary) | en e |

REQUIRED SIGNATURE:

Signature of a member or 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.)

David Schwartz

Typed or printed name of signee