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(((H04000160708 3)))

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MJH

To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATION  
Account Number : 075410001634  
Phone : (305)442-4994  
Fax Number : (305)442-2389

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

GROWFAST HYDROSEEDING AND MULCHING, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

STATE  
TALLAHASSEE FLORIDA

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**ARTICLES OF ORGANIZATION  
OF  
GROWFAST HYDROSEEDING AND MULCHING, LLC**

The undersigned hereby forms a limited liability company under the Florida Limited Liability Company Act and adopt as the Articles of Organization of such limited liability company the following:

I. The name of the limited liability company:

**GROWFAST HYDROSEEDING AND MULCHING, LLC (the "Company")**

II. The period of its duration:

Perpetual effective from the date of filing of these Articles of Organization with the Secretary of State of the State of Florida.

III. The purpose for which the limited liability company is organized:

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

IV. A. The mailing address of the principal place of business in Florida:

3942 S.E. 8<sup>TH</sup> Street  
Ocala, Florida 34471

B. The name and address of the Company's initial Registered Agent is:

Neale J. Poller  
550 Biltmore Way, Suite 700  
Coral Gables, Florida 33134

V. The total amount of cash contributed is:

\$100.00

VI. Additional contributions shall be made at such times and in such amounts as may be unanimously agreed by the Members as provided in the Operating Agreement of the Company.

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VII. Additional Members may be admitted at such times and on such terms and conditions as the Members may agree and as provided in the Operating Agreement of the Company.

VIII. The Company shall continue its business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued membership of a Member in the Company.

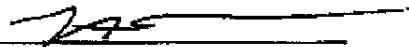
IX. Management of the Company is reserved to the Members. The names and addresses of the Members and their respective Percentage of Interest of each Member are:

<u>Member</u>	<u>Address</u>	<u>Percentage of Interest</u>
John S. Fritzlen	3942 S.E. 8 <sup>th</sup> Street Ocala, Florida 34471	100 %

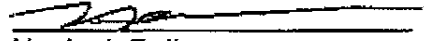
Dated: August 4, 2004

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The undersigned, an authorized representative of the Company, for the purpose of forming a liability company to do business within the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated above are true and correct.

  
Neale J. Poller

The undersigned hereby accepts the foregoing designation as initial Registered Agent, is familiar with, accepts and agrees to comply with the provision of law applicable to such designation.

  
Neale J. Poller


STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

The foregoing instrument was acknowledged before me this 4<sup>th</sup> day of August, 2004 by Neale J. Poller. He is personally known to me or has produced N/A as identification.

My Commission Expires:



MARILEE L. DAVIS  
MY COMMISSION # DD 288836  
EXPIRES: March 9, 2008  
Bonded Third Budget Notary Services

  
Notary Public  
Print Name: MARILEE L. DAVIS  
Commission No. DD 288836

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