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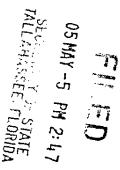
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer

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; 7		•
\ CORPORATE /		;
\ ACCESS, /	236 East 6th Avenue . Tallahassee, Florida 32303	•
INC. P.O. Box 3	37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax	(850) 222-1666
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CERTIFIED COPY	cus	
_рното сору	VFILING LLC	
(CORPORATE NAME & DOCUMENT #)	ver Growing, LLC	
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ECIAL INSTRUCTIONS		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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·	CASA CONTRACTOR OF THE PARTY OF	

AR	TI	\mathbf{CI}	\mathbf{E}	I -	Na	me:

The name	of the	Limited	Liability	Company	/ is:
THE HAIRE	OI UIC	Lillingua	1714011117	Company	<i>,</i> 13.

Indian River Grouting, LLC	

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

The mailing addre	ess and street address of the principal	office of the Limited Liability Company
Principal Office	Address:	Mailing Address:
2455 E Sunrise Blv	d.	2455 E Sunrise Blvd.
Suite 917		Suite 917
Fort Lauderdale, FI	orida 33304	Fort Lauderdale, Florida 33304
	Registered Agent, Registered Office Florida street address of the registere Glenn E. Troast	
	Name	
	2455 E. Sunrise Blvd., Suite 917 Florida street address (P.O. Box N	OT accentable)
	_	<u>O1</u> acceptable)

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, Florida Statutes.

See attached

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address: ember
MGRM	Glenn E. Troast 2455 E. Sunrise Blvd., Suite 917 Fort Lauderdale, FL 33304
(Use attachment if necess	ary)
	rticle must be added if an effective date is requested.
REQUIRED SIGNATU. Signature of a	RE: Two member or an authorized representative of a member/Registered Agent
of this docume	with section 608.408(3), Florida Statutes, the execution on the constitutes an affirmation under the penalties of perjury ated herein are true.)
	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)