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| (Busi | ness Entity Nar | ne) |
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| Certified Copies | Certificates | of Status |
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| Special Instructions to Filing Officer: | | |
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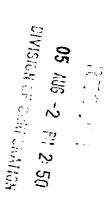
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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: GRASS Roots Lands CAPING, LLC (Name of Limited Liability Company) | |
| The enclosed Articles of Organization and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| (Name of Person) | - |
| Howell & Associates (Firm/Company) | |
| P.O. Box 800 3 (Address) | SECRETARY FALLAHASSE 05 AUG -2 |
| South port F1 32409-8003 (City/State and Zip Code) | OF STATE E. FLORIDA PM 2: 59 |
| For further information concerning this matter, please call: | |
| (Name of Person) at (850) 238-842 (Area Code & Daytime Telephone | Number) |
| Enclosed is a check for the following amount: | |
| Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy | \$160.00 Filing Fee, ificate of Status & tified Copy tional copy is enclosed) |
| | |

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GRASS Koots LANDSCAPING, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Florida street address (P.O. Box NOT acceptable)

Chipley FL 32428

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..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

| Title: "MGR" = Mana | | Name and Address: | | |
|------------------------|--|---|----------|----|
| "MGRM" = Ma 1116 RM | naging Member | ANTHONY J. HALL 5425 PANETREE AVE PANAMA CITY BEACH, F/3. | 2508 | |
| | | | | |
| | | | | |
| (Use attachment | if necessary) | | | |
| NOTE: An add | litional article must be | added if an effective date is requested. | | |
| REQUIRED SI | GNATURE: | | | |
| | Signature of a member of | authorized representative of a member. | atote | re |
| | of this document constitute that the facts stated here | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.) Oel | | |
| Filing Fees: | | | _ | |
| | | | 0 ; | ₹ |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)