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|-------------------------|----------------------|----------------|
| (Re | equestor's Name) | · - |
| (Ac | ddress) | |
| (Ac | ddress) | _ |
| (Ci | ty/State/Zip/Phone # | 9 |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Name |) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates o | f Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | 9231 |
| | Office Use Only | |

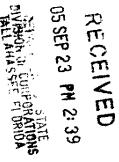


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COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
|---|---|--|--|
| SUBJECT: A An | | 1 Liability Company) | à Trugation |
| The enclosed Articles of O | rganization and fee(s) are su | bmitted for filing. | |
| | dence concerning this matter | | |
| Hoger | & Susan | Turash Name of Person) | |
| | 0 | Firm/Company) | |
| 668 Ha | · | <u> </u> | 05 SE |
| \bigcirc | \mathcal{L} | (Address) | P 2: |
| (range ! | Ark, Fl. 3 | 3200,5 | m |
| | (City/ | State and Zip Code) | # 2: 4 FLORA |
| For further information con | ncerning this matter, please c | ali: | 102 |
| ROGER THR | nsh | at (90-) 5-79 - (Area Code & Daytime Tel | 7639 |
| (Name of | Person) | (Area Code & Daytime 1et | epnone Number) |
| Enclosed is a check for t | he following amount: | | |
| | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|) 1 | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center C Tallahassee, FL 32301 | s |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|---|
| The name of the Limited Liability Company is: | \wedge |
| Must end with the words "Limited Liability Company, "Limited | akof Irrigation (LC.) d Company" of their abbreviation "LLC," or "L.C.,") |
| ARTICLE II - Address: The mailing address and street address of the pr | incipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1068 Hactinique Cl Vange Perk, Fl. 32003 | Sane |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) | Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another |
| The name and the Florida street address of the r | egistered agent are: |
| Name | n Thrash SEP 23 |
| Florida street add City, State, a | ress (P.O. Box NOT acceptable) FL 32003 |
| U City, State, a | nu 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 (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

REQUIRED SIGNATURE:

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.)

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)