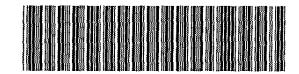
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(Requestor's Name)
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PICK-UP WAIT MAIL
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### **COVER LETTER**

TO: Registration Se Division of Co			
SUBJECT: <u>GDI</u>	) S OTHER GI (Name of Limite	REEN THUMB d Liability Company)	LLC
The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
KE.	ITH A. RI	GCER Name of Person)	· · · · · · · · · · · · · · · · · · ·
		REEN THUN Firm/Company)	JAN CART
_/405	JUPITER	BLVD, NU	/ <u>% 5</u>
PALM	BAY, FL	32907 (State and Zip Code)	E.F. ST.
For further information	concerning this matter, please	call:	
KEITH A.	RIGLER of Person)	at (J) 728 (Area Code & Daytime To	2-8465 elephone Number)
Enclosed is a check fo	r the following amount:		
\$125.00 Filing Fee	\$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)
	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 Tallahassee, FL 32301	ns

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	Æ I -	Name:
--------	-------	-------

The name of the Limited Liability Company is:

GOD'S OTHER GREEN THUMB LLC
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### **ARTICLE II - Address:**

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

The maring accress and succe address of the pro	merpar office of the Enimed Elacinty Company is:
Principal Office Address:	Mailing Address:
KEITH A. RIGUER 1405 JUPETER BUYN NU PALM BAY, FL. 33907  ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the real TRMSARD Name	egistered agent are:

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

PAIN BAY FL 33907

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 (REOURED)

(CONTINUED)
Page 1 of 2

## 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 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_ . (OPTIONAL)

**REQUIRED SIGNATURE:** 

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(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)