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Division of Corporations

Fax Number

: (850)205-0383

Account Name

A 1 A CORPORATE SERVICE

Account Number

120010000247

Phone Fax Number (800) 494-3124 (305) 675-2811

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Autumn Harvest, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

AUTUMN HARVEST, LLC

ARTICLE II: Address

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

1504 STEVENSON DR CLEARWATER, FLORIDA 33755.

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

CAUTE BASE BOLLAND

AUTUMN ROLAND 1504 STEVENSON DR CLEARWATER, FLORIDA 33755

Having been named as registered agent 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 the am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

AUTUMN ROLAND / REGISTERED AGENT'S SIGNATURE

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AUTUMN HARVEST, LLC

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V: MEMBERS (optional)

MANAGING MEMBER:

AUTUMN ROLAND 1504 STEVENSON DR CLEARWATER, FLORIDA 33755

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.)

AUTUMN ROLAND

SECRETARY OF STATE FALLAHASSEE FI ORIGINA