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A1A CORPORATE SERVICES

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

A Touch Of Grass LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:
A TOUCH OF GRASS LLC

ARTICLE II ADDRESS

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

892 WEST MACCLENLY AVE
MACCLENLY, FLORIDA 32063

And the mailing address is:

P.O. BOX 594
GLENN ST. MARYS FL 32040

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

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

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY FL 32351

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



X
A1A REGISTERED AGENT INC. / Registered Agent's signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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A TOUCH OF GRASS 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:

DOUG CHOATE

P.O. BOX 594

GLENN ST. MARYS FL 32040

x 

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.

DOUG CHOATE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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