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COVER LETTER

TO:

Registration Section

Division of Co	orporations				
SUBJECT:	SUSTAINABLE C			EMENT, LLC	<u> </u>
	Name of Limi	ted Liab	ility Company		
The enclosed Articles o	f Organization and fee(s) are	submitt	ed for filing.		
Please return all corresp	ondence concerning this mat	tter to the	e following:		
	JO	HN PC	CZATEK		
		Name o	of Person		
	SUSTAINABLE G	ROW	TH MANAGEM	ENT, LLC	
		Firm/C	ompany		
	188	PRICE	STREET		
		Add	iress		
	NA	PLES.	FL 34113		
•		<u> </u>	nd Zip Code	· · · · · · · · · · · · · · · · · · ·	
	E-mail address: (to be used	Con Catalan		otion)	
	* •		annuai report nonne	ation	
For further information	concerning this matter, pleas	e call:	•	•	
JOHN	POCZATEK	at (239	384-9878	
Name	of Person		Area Code & Dayti	me Telephone Numbe	r
Enclosed is a check for	or the following amount:				
✓ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	5.00 Filing Fee & rtified Copy ditional copy is enclo	Certificat sed) Certified	e of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	: 21	Street/Courier A Registration Section Division of Corporation Building 2661 Executive C Tallahassee, FL 3	on orations Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	e: nited Liability Comp	pany is:			
SUSTAINABLE GROWTH MANAGEMENT, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LL.C.")					
ARTICLE II - Add The mailing address		f the principal office of the Limit	ed Liability Company is:		
Principal Office Ac	<u>idress:</u>	Mailing Address:			
188 PRICE STREET NAPLES, FL 34113		188 PRICE STREET NAPLES, FL 34113			
(The Limited Liability Corbusiness entity with an ac	npany cannot serve as its over tive Florida registration.) lorida street address of	ristered Office, & Registered Agent. You must designate and of the registered agent are: N POCZATEK Name			
-		PRICE STREET			
		ess (P.O. Box <u>NOT</u> acceptable)	P		
-	NAPLES, FL 34 City,	FL State, and Zip			
liability compan registered agent and statutes relating to	y at the place designa d agree to act in this c o the proper and somp	and to accept service of process for ted in this certificate, I hereby acc capacity. I further agree to comply plete performance of my duties, an as registered agent as provided for Muly w	ept the appointment as y with the provisions of all d I am familiar with and		

(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:

188 PRIC NAPLES, RM PAUL RE	CZATEK E STREET
attachment if necessary) Effective date, if other than the date of filing:e date is listed, the date must be specific and cafter the date of filing.) UIRED SIGNATURE: Signature of a member or an authorized (In accordance with section 608.408(3), F of this document constitutes an affirmatic that the facts stated herein are true.) JOHN POCZ/ Typed or printed nam	
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rung rees:	
5.00 Filing Fee for Articles of Organization and Design	
of Registered Agent 60.00 Certified Copy (Optional)	ATEK e of signee FLORIDE