Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From: Carrie L. Ramos, please fax confirmation to (407) 244-5690

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : 120010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

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Email Address:

FLORIDA LIMITED LIABILITY CO.

Grow Pipe, LLC

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of this Limited Liability Company is:

Grow Pipe, LLC

ARTICLE II
Address

SECRETARY OF STATE BIVISION OF CORPORATIONS

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

1614 Roundelay Lane, Winter Park, Florida 32789

ARTICLE III Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV Initial Board of Managers

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Regulations of this Limited Liability Company, but shall never be less than one.

The name and address of the initial managers of this Limited Liability Company are as follows:

Name
Street Address

Heather Cannon
1614 Roundelay Lane
Winter Park, FL 32789

Sterling Cannon
1614 Roundelay Lane
Winter Park, FL 32789

ARTICLE V Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Michael E. Neukamm GrayRobinson, P.A. 301 E. Pine Street, Suite 1400 Orlando, FL 32801

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.

REGISTERED AGENT'S SIGNATURE

In accordance with Section 608.408(3), Florida Statutes, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

AUTHORIZED REPRESENTATIVE'S SIGNATURE

MICHAEL E. NEUKAMM, AUTHORIZED REPRESENTATIVE
Type or printed name of signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5.00 Certificate of Status (OPTIONAL) 10 SEP 23 AM 7:50