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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SEURETARY OF STATE
FALLAHASSEE, FI ORIO

D. BRUCE

MAR 28 2011

EXAMINER

COVER LETTER

| TO: Registration of | on Section Corporations | · | | |
|-------------------------------------|---|--|-----------|---|
| _{SUBJECT:} G & | G Excavating and | Sod, LLC | | |
| . 50502017 | | ted Liability Company | | |
| The enclosed Article | es of Organization and fee(s) are | submitted for filing. | | |
| Please return all corr | respondence concerning this mat | tter to the following: | | |
| <u>Devin</u> F | R. Maxwell, Esq. | | • | |
| | | Name of Person | | |
| Maxwe | ll & Maxwell, P.A. | | | |
| | | Firm/Company | | |
| 405 NV | V 3rd Street | | | |
| | | Address | | |
| Okeecho | bee, FL 34972 | | | |
| | | ty/State and Zip Code | | |
| Okeecho | beelawyer@yahoo.cor | n E | | |
| \ <u>-</u> | E-mail address: (to be used | for future annual report notification) | | T |
| For further informat | ion concerning this matter, pleas | e call: | 25 ARY | |
| Devin R. Maxwell at (863) 763-1119 | | (A) Air | | |
| Na | me of Person | Area Code & Daytime Telephone Number | 17. 28. · | |
| Enclosed is a chec | k for the following amount: | • | | |
| \$125.00 Filing Fee | \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enc | ıs & | |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ART | CI | JF 1 | r _ 1 | Nam | ۵, |
|------|----|-------|-------|-------|----|
| AR 1 | | 4 174 | _ | 72111 | |

The name of the Limited Liability Company is:

G & G Excavating and Sod, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

| Principal Office Address: | Mailing Address: |
|---------------------------|----------------------|
| 734 NW 144th Drive | 734 NW 144th Drive |
| Okeechobee, FL 34972 | Ökeechobee, FL 34972 |

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

| Devin R. M | //axwell, Esq. | 걸 | = | |
|-------------------|--|--|----------|---|
| | Name | 22 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | MAR | 1 |
| 405 NW 3rd Street | | ERRY ASSE | 25 | F |
| | Florida street address (P.O. Box NOT acceptable) | tu € | X | П |
| Okeechob | ee _{FL} 34972 | 15. 15. | Š | D |
| | City, State, and Zip | ATE DRID | 28 | |

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE 04/01/11

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| | = Manager 1" = Managing Member | Name and Address: | |
|--------------|--------------------------------------|--|------|
| MGRM | | Craig Gopher 734 NW 144th Drive | |
| MGRM | | Okeechobee, FL 34972 Ivan Guerrero | |
| - | | 2605 SE 63rd Avenue Okeechobee, FL 34974 | |
| | | | |
| | | | |
| | | | |
| ARTICLE V: E | | e of filing: April 1, 2011 . (OPTIONAL ecific and cannot be more than five business days | |
| <u>REQUI</u> | RED SIGNATURE: | | |
| | Les Comments | la Pin = | |
| | Signature of a member or | an authorized representative of a member. | |
| | constitutes an affirmation under the | (3), Florida Statutes, the execution of this document penalties of perjury that the facts stated herein are true on submitted in a document to the Department provided for in s.817.155, F.S.) | FILE |
| | Craig Gopher | 100 P | |
| | Typed | or printed name of signee | |
| 10 | iling Food | | |

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)