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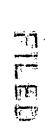
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J. SAULSBERRY **EXAMINER** 

JUN 8 2011

# **COVER LETTER**

Division of Corp		·	,
subject: Sprout	Gardening		
<del></del>		ed Liability Company	
The enclosed Articles of C	rganization and fee(s) are	submitted for filing.	
Please return all correspon	dence concerning this matt	ter to the following:	
Amy Mae	Martin		•
<u> </u>		Name of Person	
Sprout Ga	ardening		
		Firm/Company	
7412 S E	lliott Street	٠.	•
		Address	201 Si
Tampa FL 3	3616		TAKE THE
<u> </u>	City	y/State and Zip Code	ARA SSI
asprout72@g			
For further information cor	•	or future annual report notification)	M 8:54
Amy Martin	45	at (813 ) 731-7632	
Name of I	<sup>3</sup> erson	Area Code & Daytime Telephone Numb	er
Enclosed is a check for t	he following amount:		
\$125.00 Filing Fee S	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certifica (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	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

A	R1	1	CI	Æ	I	-	N	am	e:
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The name of the Limited Liability Company is:

# Sprout Gardening, 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:	ivialling Address:		
7412 S Elliott Street Tampa FL 33616	7412 S Elliott Street Tampa FL 33616	<del></del>	
			,
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its business entity with an active Florida registration.)	own Registered Agent. You must designate an ind		ا پرسیم پار
The name and the Florida street addres	s of the registered agent are:	AS	تنب بنسر
Amy Mae Mart	in	9 - 9	(T)
<del></del>	Name		
7412 S Elli	ott Street	enib TAIL 8: 51	المنسر بالإ
Florida	a street address (P.O. Box NOT acceptable)		
Tampa	EL 33616		
	City, State, and Zip		

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)

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

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

MGR	Amy Mae Martin	,
	7412 S Elliiott Street	
	Tampa FL 33616	<del></del> ',
		- ~
<del></del>	· <del></del>	<u> </u>
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		ARX SSI
		AM 8:54
		<b>3</b> 2 5
	•	
		<del></del>
(Use attachment if necess	ry)	•
ICLE V. Effective data if o	ner than the date of filing: (O	PTIONAL)
n affective data is listed the	ate must be specific and cannot be more than five busi	
90 days after the date of fili		ness anys pr
30 days after the date of his	B·)	
	,	
REQUIRED SIGNATU	RE:	

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Amy Mae Martin

Typed or printed name of signee

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)