(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
APR 1 7 2012			
L. SELLERS			

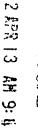
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	CT: Victory Garden Systems L.L.C. Name of Limited Liability Company		
The enc	losed Articles of Organization and fee(s) are submitted for filing.		
Please r	eturn all correspondence concerning this matter to the following:		
-	James Comkowycz Name of Person		
Firm/Company			
6910 32nd Avenue W.			
Bradenton FL 34209 City/State and Zip Code Comkowyczpj@tampabay.rr.com /E-mail address: (to be used for future annual report notification)			
Comkowyczpi o tampabay. M. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Jan	nes Comkowycz at (941) 744-6245 Name of Person at (941) Area Code & Daytime Telephone Number		
	Filing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional 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

The name of the Limited Liability Company is: Victory Garden Systems L. L. C. (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:

Bradenion, Ph 34209 Bradenion, +L 34201

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:

ARTICLE I - Name:

James Conkowycz

Name

6910 32nd Avenue W.

Florida street address (P.O. Box NOT acceptable)

Bradenton, FL 34209

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)

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	James Comkowycz 6910 32nd Avenue W Bradenton, FL 34209
	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
,	

A

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. 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.)

James Comkowycz

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)