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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| · TO: | Registration of | on Section Corporations | | |
|-------------|--------------------|--|--|--|
| SUBJE | _{ct:} Pas | co Naturally, LLC | | |
| | | Name of Limit | ted Liability Company | |
| The end | logget Amiolo | o of Organization and focks are | makening of face 671ing | |
| | | s of Organization and fee(s) are | _ | |
| Please re | eturn all com | espondence concerning this mat | ter to the following: | |
| | Jerry L. | . Buchanan | | 1 P |
| - | ····· | | Name of Person | SECKETARS |
| | | | | |
| - | | | Firm/Company | |
| | 16620 \ | Valley Drive | | |
| _ | 10030 | Valley Drive | Address | |
| | | | 10000 | 25 A S |
| Ā | Indover, | | | |
| | 5500 | | ty/State and Zip Code | |
| <u> J</u> e | erry5530 | 4@gmail.com E-mail address: (to be used) | for future annual report notification) | |
| For furth | ner informati | on concerning this matter, please | e call: | |
| Jerry | L. Bucha | inan | at (612) 701-7624 | |
| | Na | me of Person | Area Code & Daytime Telep | phone Number |
| Enclose | ed is a check | for the following amount: | | |
|]\$125.001 | Filing Fee | \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallaliassee, FL 32314 | Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ct Tallahassee, FL 32301 | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company | / is: | |
|---|---|-----------------------|
| Pasco Naturally, LLC | | |
| (Must end with the words "Limited I | iability Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: | | |
| The mailing address and street address of th | e principal office of the Limited | Liability Company is: |
| Principal Office Address: | Mailing Address: | DINZ JUL 30 |
| Pasco Naturally, LLC | Pasco Naturally, LLC | JUL 30 RM (|
| 2001 Paradise Lakes Blvd | 16630 Valley Drive | |
| _utz, FL 33558 | Andover, MN 55304 | |
| ARTICLE III - Registered Agent, Register the Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the server and the Florida street address. | Legistered Agent. You must designate an inc | it's Signature? |
| | ne registered agent are. | |
| Jerry L. Buchanan | | |
| Na | ame | |
| 2001 Paradise | Lakes Blvd | |
| Florida stree | t address (P.O. Box <u>NOT</u> acceptable) | |
| l utz | 22550 | |

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.

City, State, and Zip

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:

| "MGR" = Manager "MGRM" = Managing Membe | r |
|--|--|
| MGR | Jerry L. Buchanan |
| | . 16630 Valley Drive |
| | Andover, MN 55304 |
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| (Use attachment if necessary) | |
| CLE V: Effective date, if other the ffective date is listed, the date in days after the date of filing.) REQUIRED SIGNATURE: | nust be specific and cannot be more than five business days |
| CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a | member or an authorized representative of a member. |
| CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmatic I am aware that any fals) | member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State |
| CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sect constitutes an affirmatic I am aware that any fals) | member or an authorized representative of a member. ion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.) |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)