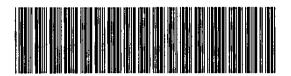
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SECREJARY OF STATE SECREJARY OF STATE COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Beyond Backyards of North Florida LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jessica Shafer
Name of Person
Beyond Backyards of North Florida LLC
Firm/Company
5000 US Highway 17 #149
Address
Fleming Island, FL 32003
City/State and Zip Code
ishafer@firstcoastcontractors.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jessica Shafer at (904) 302-2351 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\begin{align*} \begin{align*} \text{\$125.00 Filing Fee} & \$\subset\$

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

ARTICLE I - Name: The name of the Limited Liability Company is:				
Beyond Backyards of North Florida LLC				
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC."	')		
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is	s:		
Principal Office Address:	Mailing Address:			
5000 US Highway 17 #149	5000 US Highway 17 #149			
Fleming Island, FL 32003	Fleming Island, FL 32003			
(The Limited Liability Company cannot serve as its own Is another business entity with an active Florida registration.) The name and the Florida street address of the registered and t	.)			
Name				
400 South Ponce DeLeon Blvd	1			
Florida street address (P.O. Box				
St. Augustine	FL 32084			
City	Zip			
Having been named as registered agent and to accept servithe place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obli	the appointment as registered agent and f all statutes relating to the proper and c	l agree to complete j	act in perforn	this nance
Registered Agent's Signatu (CONTINUE Page 1 of 2		SECRETARY OF S	14 OCT -6 AMII:	First 2800 Section 2000 Section 2000 Sect
		9		474

<u> Fitle:</u>	Name and Address:
'AMBR" = Authorized Member	
'MGR" = Manager	
AMBR	Jessica Shafer
	5000 US Highway 17 #149
	Fleming Island, FL 32003
	
	
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EV: Effective date, if other than the detive date is listed, the date must be	ate of filing: (OPT!ONAL) specific and cannot be more than five business days prior to or 90
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ARTICLE IV-