

Nov. 10, 2014 10:09 AM
Division of Corporations

Gray Robinson

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L14000174390

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I200100003078
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: paul@plantfoodsystems.com

FLORIDA LIMITED LIABILITY CO.
PS 37 IP1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Nov. 10, 2014 10:50AM

Gray Robinson

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November 10, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GRAYROBINSON, P.A. - ORLANDO

SUBJECT: PS 37 IP1, LLC
REF: W14000067778

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

FAX Aud. #: H14000260499
Letter Number: 314A00023924

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PS 37 IP1, 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:

2827 Union Street
Zellwood, Florida 32798

P.O. Box 775
Zellwood, Florida 32798

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:

Paul E. Fabry

Name

2827 Union Street

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

Zellwood

FL 32798

City

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 605, F.S.

Paul E. Fabry
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

AMBR

MGR

AMBR

Name and Address:

Patricia E. Fabry
4566 N. Apopka Vineland
Orlando, Florida 32818

Carl J. Fabry
4566 N. Apopka Vineland
Orlando, Florida 32818

Patricia L. Buffkin
411 E. Blue Water Edge Drive
Eustis, Florida 32736

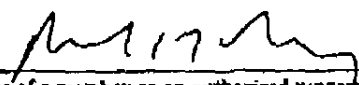
Paul E. Fabry
18210 McKinney Road
Winter Garden, Florida 34787

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 30 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

Paul E. Fabry

Typed or printed name of signer

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)

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