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T. BROWN

## **COVER LETTER**

	TO: Registration Section Division of Corporations	
	SUBJECT: J&J GROWERS, 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:	
	Steven I. Greenwald, Esq.  Name of Person	<del></del>
	Law Offices of Steven I. Greenwald, P.A. Firm/Company	<del></del>
	6971 North Federal Highway, Suite 105 Address	
	Boca Raton, FL 33487  City/State and Zip Code	<del></del>
	sigreenwaldlaw@att.net E-mail address: (to be used for future annual report notification)	
	For further information concerning this matter, please call:	
	Steven I. Greenwald at ( 561 ) 994-5560  Name of Person Area Code Daytime Telephone Number	
	Enclosed is a check for the following amount:	
Ū	\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee \& Certificate of Status \$\bigcup \\$155.00 Filing Fee \& Certificate of Status \$\bigcup \\$2.00 Certificate of Status \$\bigcup \\$3.00 Filing Fee \& Certificate of Status \$\bigcup \\$3.00 Filing Fee \& Certificate of Status \$\bigcup \\$4.00 Filing Fee \& Certificate of Status \$\bigcup	atus &

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:			
	ed Liability Company is:		STEB T
J&J GROWERS, LL	С		Jan 6 m
(1	Must end with the words "Li	mited Liability Company, "L.L.C.," or "LI	LC.") Poly
ARTICLE II - Address an		ipal office of the Limited Liability Compar	TALLED TO SEE TO
Principal Office Addi	ress:	Mailing Address:	A DATE
11084 Blue Coral Dr	rive	11084 Blue Coral Drive	
Boca Raton, FL 334	98	Boca Raton, FL 33498	<del></del>
The name and the Flor	ida street address of the regi	stered agent are:	
		Name	
	11084 Blue Coral Drive Florida street address (P.C		
	Boca Raton,	FL 33498	
	City	Zip	
the place designate capacity. I further as	d in this certificate, I hereby gree to comply with the provi am familiar with and accept t	rept service of process for the above stated la accept the appointment as registered agent isions of all statutes relating to the proper a the obligations of my position as registered	t and agree to act in this and complete performance

Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>[itle:</u> AMBR" = Authorized Memb MGR" = Manager	Name and Address:
MBR/MGR	Jarrett K. Buetti
MIDIVINOIV	11084 Blue Coral Drive
	Boca Raton, FL 33498
111871 1118 111 111 111 111 111 111 111	
P	
V: Effective date, if other tha	the date of filing: (OPTIONAL)
Use attachment if necessary)  V: Effective date, if other that tive date is listed, the date multiple filing.)  VI: Other provisions, if any.	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 9
V: Effective date, if other that tive date is listed, the date in filing.) VI: Other provisions, if any.	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days prior to or 9
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V: Effective date, if other that tive date is listed, the date in filing.)  VI: Other provisions, if any.  EQUIRED SIGNATURE:  Signatur (In accordance with a constitutes an affirmation and a survey of the constitutes and any files.)	of a member or an authorized representative of a member.  ction 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.)  Buetti
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