L15000087654

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | |
| (Add | ress) | |
| (City, | /State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | iness Entity Nai | me) |
| (Doc | ument Number) | |
| Certified Copies | Certificate | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | : |
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Office Use Only



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SEPREMISE OF STATE

1. MANUP 162 --

COVER LETTER

| TO: Registration Section Division of Corpora | | | |
|---|---|--|---|
| SUBJECT: Gro | wing On Name of Lin | Me Gardens nited Liability Company | L.L.C. |
| The enclosed Articles of Orga | mization and fee(s) are | e submitted for filing. | |
| Please return all corresponder | nce concerning this ma | atter to the following: | |
| - | Ian (| Sunne of Person | |
| Gr | owing On | Me Gardes Firm/Company | 15 |
| 712 | | Drive Address | |
| Pens | acola, F | lorida 325 | 503 |
| growin | gonmega | rdens@ amail for future annual report notific | .com |
| | | | cation) |
| For further information concern | ing this matter, please | call: | |
| April Gun Name of 1 | rell_at (at (at | PSO 221- 20 Trea Code Daytime Teleph | 035 one Number |
| Enclosed is a check for the fol | lowing amount: | | |
| _ | 30.00 Filing Fee & ertificate of Status | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Ad | dress | Street Address | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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: | | |
|--|--|--|
| Growing On M (Must end with the words "Umited Liability | le Gardens LLC | |
| (Must end with the words "Umited Liability | Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the | ne Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 712 Whitney Drive Pensacola, FL | 712 Whitney Drive Pensacola, FL | |
| Pensacola, FL | Pensacola, FC | |
| 32503 | <u> </u> | |
| The Limited Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are the company of the registered agent and the Florida street address of the registered agent a | e: | |
| , Name | | |
| 712 Whitney I Florida street address (P.O. B | ON W ox NOT acceptable) | |
| <u>Pensacda</u> F | <u>C 32503</u> | |
| City Sta | te Zip | |
| aving heen named as registered agent and to accept service of pro | cess for the above stated limited liability company at | |

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

15 MAY 18 AH 10: 13
SECRETARY SECRETATE

| ttachment if necessary) Effective date, if other than the date of filing: date is listed, the date must be specific and g.) te inserted in this block does not meet the a effective date on the Department of State's Other provisions, if any. | April Gunnell 712 Whit new Dr Pensacda; BL cannot be more than five to | J 2503 TUC J 250,3 OPTIONA Dusiness days prior | AL) |
|--|--|---|-----------------|
| ttachment if necessary) Effective date, if other than the date of filing: date is listed, the date must be specific and g.) te inserted in this block does not meet the a effective date on the Department of State's Other provisions, if any. | Pensacda, FL April Gunnell 712 Whitney Dr Pensacda, FL cannot be more than five to | J 2503 TUC J 250,3 OPTIONA Dusiness days prior | AL) |
| ttachment if necessary) Effective date, if other than the date of filing: date is listed, the date must be specific and g.) te inserted in this block does not meet the a effective date on the Department of State's Other provisions, if any. | Pensacda, FL April Gunnell 712 Whitney Dr Pensacda, FL cannot be more than five to | J 2503 TUC J 250,3 OPTIONA Dusiness days prior | AL) |
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| date is listed, the date must be specific and g.) te inserted in this block does not meet the a effective date on the Department of State's Other provisions, if any. | cannot be more than five but the pplicable statutory filing req | ousin es s days prior | \L) to or 90 |
| | | | e will not |
| JIRED SIGNATURE: | | | |
| | 1 | , | |
| Signature of a member or | an authorized representati | ive of a member. | |
| (In accordance with section 605.0 constitutes an affirmation under the I am aware that any false informationstitutes a third degree felony a | (03 (1) (b), Florida Statutes, e penalties of perjury that the ion submitted in a document | the execution of the facts stated hereing to the Department | are true. |
| - April M | - | 1.0.) | 01 01111 |
| | 1. Gunnell or printed name of signee | | |
| · · · · · · · · · · · · · · · · · · · | Cling Fees: | | |

Page 2 of 2