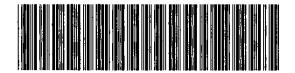
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SECRETARY OF STATE





### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 6RD6-Botanical Preservation Initiative 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:
Bonnie Williams Name of Person
Global Research and Discovery Group UC
10039 Cypress Gardens Blvd #239
Winter Haven FL 33884  City/State and Zip Code  D. Williams Q global rolg, Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bonnie Williams at (803) 224-1939  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

### **Mailing Address**

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

## Street Address

New Filing 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:	
GROG-Potanical Preservation [nit (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	jative 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	:
234 W. Central Avenue 10039 Cypres Garde Winter Haven PL 33880 Winter Haven FL 3	13884 # 239
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 another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:	idual or
Bonnie Williams Name	
Florida street address (P.O. Box NOT acceptable)	15 0 SEC 7ALL
Winter Haven PL 33880 City State Zip	OCT 13 ECRETARY
Having been named as registered agent and to accept service of process for the above stated limited liability place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in t further agree to comply with the provisions of all statutes relating to the proper and complete performance of am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 60	his capacing to

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address: SECRETARY TAILAHASSEE
AMBR	Dary Thompson 2457 Winterset Road Winter Haven FC 33884
Ambr	James Anderson 441 Fish Hawk Drive Winter Haven FC 33884
AMBR_	Pronie Williams 441 Fish Hawk Drive Winter Haven FL 32884
(Use attachment if necessary)  LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)	e of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.)  If the date inserted in this block does not iment's effective date on the Department.	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not l
LE V: Effective date, if other than the dat fective date is listed, the date must be s of filing.)	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not l
LE V: Effective date, if other than the date fective date is listed, the date must be sof filing.)  If the date inserted in this block does not ament's effective date on the Department LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man This document is exect I am aware that any fall.	pecific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not l

Page 2 of 2