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Special Instructions to I	Filing Officer:	
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## Turfworx LLC 9507 SW 160<sup>th</sup> Street Suite 245 Miami Florida 33157

February 16, 2016

Florida Division of Corporations New Filing Section 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

New LLC Turfworx LLC

Old Corporation Turfworx Inc.

### Dear Sir\Madam:

Please accept this letter as notice that I Steven Beck, will neither renew nor conduct any business under the Corporate Name Turfworx Inc., effective immediately.

I have no intention of reinstating Turfworx Inc. and ask that this name be dissolved.

I am requesting and starting a new business under the Name Turfworx LLC and will conduct all business under this new name.

Thanks for your cooperation

Steven Beck

Swan before me this 16th Day of February 2016 by Stewn M. bed. Produced a A Ha

TED BACHAN

MY COMMISSION # EE224997

EXPIRES August 14, 2016

Florida Netary Service com



### FLORIDA DEPARTMENT OF STATE Division of Corporations

March 7, 2016

STEVEN M. BECK 9507 S.W. 160TH ST., SUITE 245 MIAMI, FL 33157

SUBJECT: TURFWORX LLC Ref. Number: W16000016902

We have received your document for TURFWORX LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 24, 2016. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Stacy Prather Regulatory Specialist III

Letter Number: 816A00004668

www.sunbiz.org

### **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJI	Turfworx LLC
001201	Name of Limited Liability Company
The en	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Steven M Beck
	Name of Person
	Turfworx LLC
	Firm/Company
	9507 SW 160th Street Suite 245
	Address
	Miami, Florida 33157
	City/State and Zip Code ssbeck8@comeast.net
	E-mail address: (to be used for future annual report notification)
or furtl	er information concerning this matter, please call:
	Steven Beck 305 910-6754
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$125.0	Filing Fee \$\ \text{Status} \ \text{Status} \ \text{Certificate of Status} \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \ \text{(additional copy is enclosed)} \ (additional copy
	Mailing Address  New Filing Section  New Filing Section  Division of Corporations  Division of Corporations
	Division of Corporations P.O. Box 6327  Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

# 16 AUD 15 PM 1:55

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		Turfworx LLC		
(Must end	d with the words "Limited	d Liability Company.	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street	address of the principal of	office of the Limited L	iability Company is:	- F - F - F - F - F - F - F - F - F - F
<u>Princi</u>	pal Office Address:		Mailing Address:	
9507 SW 1 Miami, Flo	60th Street Suite 245 orida 33157	<del></del>	Same	
another business entity with an The name and the Florida stree	t address of the registered			
		SW 160th Street Suite ss (P.O. Box NOT acc		
	Miami	Florida	33157	
	City	State	Zip	
Having been named as registered blace designated in this certificat	e, I hereby accept the app	ointment as registered relating to the proper a	l agent and agree to act in this on and complete performance of my	capacity. 1 v duties, and
further agree to comply with the pain familiar with and accept the a	obligations of my position	ered Agent's Signatur		

Page 1 of 2

	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
Mgr	Steven M Beck
	9507 SW 160th Street Suite 245
	Miami Florida 33157
<del> </del>	
Mgr	Suzanne Beck
	9507 SW 160th Street Suite 245
	Miami Florida 33157
Han are house Const.	
EV: Effective date, if other than the daterive date is listed, the date must be	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be filling.) the date inserted in this block does no nent's effective date on the Departme	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the dative date is listed, the date must be filling.) he date inserted in this block does no	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date tive date is listed, the date must be filling.) he date inserted in this block does no nent's effective date on the Departme	specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not
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CV: Effective date, if other than the detive date is listed, the date must be filing.)  the date inserted in this block does not ent's effective date on the Departme CVI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a This document is exelled am aware that any factories.	t meet the applicable statutory filing requirements, this date will not not of State's records.  member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes. also information submitted in a document to the Department of State
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ARTICLE IV-

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)