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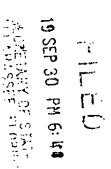
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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M SIMMONS SEP 3 0 2019

COVER LETTER

то:	New Filing Section Division of Corporations	• •
	GrowME LL.C.	,
SUBJE	ECT:	
	Name of Limited Liability Company	
The en	oclosed Articles of Organization and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Sharon Ochotorena	
	Name of Person	<u></u>
	Firm/Company	
	4323 sw 21 lane	
	Address	
	Gainesville, Fl 32607	
	City/State and Zip Code growmelle@gmail.com	<u>. </u>
	E-mail address: (to be used for future annual report notification)	
For furth	her information concerning this matter, please call:	
	Sharon Ochotorena 786 227-7378	
	at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclos	sed is a check for the following amount:	
]\$ 125.((additional copy is enclosed) Certified C	of Status &

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:			
GrowME LLC.				
(Must contain	n the words "Limited	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street add	ress of the principal o	office of the Limit	ed Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address	<u>.</u>
4323 sw 21 lane		4	323 sw 21 lane	
Gainesville, Fl 32607			ainesville, Fl 32607	
ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act	annot serve as its owi	n Registered Agen		idual or
The name and the Florida street ad	dress of the registere	d agent are:		
	Sharon Ochotorena			
		Name		
	4323 sw 21 lane			
	Florida street addre	ss (P.O. Box <u>NO</u>]	acceptable)	
	Gainesville,	<u> </u>	32607	
	City	State	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 payition agreeistered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

19 SEP 30 PM 6: #8

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Sharon Ochotorena
	4323 sw 21 lane
	Gainesville, Fl 32607
	
/11	
(Use attachment if necessary)	
	(OPTIONAL)
LE V: Effective date, if other than the date of filing:	:
LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and	:
LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.)	d cannot be more than five business days prior to or 90 days
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Feetive date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) f the date inserted in this block does not meet the a ment's effective date on the Department of State. LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or	applicable statutory filing requirements, this date will not be list records. An authorized representative of a member.
LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and of filing.) If the date inserted in this block does not meet the aument's effective date on the Department of State's LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in account in ac	d cannot be more than five business days prior to or 90 days applicable statutory filing requirements, this date will not be list records.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Sharon Ochotorena

COVER LETTER

TO:	New Filing Section Division of Corporations		
	GrowME LL.C.		
SUBJE	CCT: Name of	Limited Liabili	ty Company
The enc	closed Articles of Organization and fee(s)) are submitted	for filing.
Please	return all correspondence concerning this	matter to the f	ollowing:
	Sharon Ochotorena		
		Name of	Person
		Firm/Co	mpany
	4323 sw 21 lane		
		Addr	css
	Gainesville, Fl 32607		
	growmellc@gmail.com	City/State an	d Zip Code
	E-mail address: (to be t	used for future a	annual report notification)
For furt	her information concerning this matter, pl	lease call:	
	Sharon Ochotorena	786	227-7378
	Name of Person	Area Code	Daytime Telephone Number
Enclos	sed is a check for the following amount:		
\$125 .	00 Filing Fee \$130.00 Filing Fee Certificate of Status	s LUCertif	100 Filing Fee & Status Fee, Status & Certificate of Status & 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

	Company is:			
GrowME LLC.				
(Must conta	in the words "Limited	Liability Company.	"L.L.C" or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	office of the Limited	Liability Company is:	
<u>Principa</u>	al Office Address:		Mailing Address:	
4323 sw 21 Iane		4323	3 sw 21 lane	
Gainesville, Fl 32607		Gair	nesville, Fl 32607	
The name and the Florida street a	nddress of the registere	d agent are:		
The name and the Florida street a	Sharon Ochotorena	d agent are: Name		
The name and the Florida street a				
The name and the Florida street a	Sharon Ochotorena 4323 sw 21 lane		cceptable)	
The name and the Florida street a	Sharon Ochotorena 4323 sw 21 lane	Name	cceptable)	
The name and the Florida street a	Sharon Ochotorena 4323 sw 21 lane Florida street addres	Name ss (P.O. Box <u>NOT</u> a		

(CONTINUED)

<u>Title:</u>		Name and Address:
"AMBR" = Autho		
"MGR" = Manag	er	
AMBR		Sharon Ochotorena
		4323 sw 21 lane
		Gainesville, Fl 32607
	<u></u>	
		
FICLE V: Effective da	ed, the date must be spec	filing:
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late of filing.) e: If the date inserted document's effective of FICLE VI: Other provential of the REQUIRED SIGN.	date on the Department of isions, if any. GNATURE: Signature of a men This document is executed any aware that any false is	State's records. Outstand Dute of a member. d in accordance with section 605.0203 (1) (b). Florida Statutes. Information submitted in a document to the Department of State

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)