

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L20000105076  
FILED 8:00 AM  
April 16, 2020  
Sec. Of State  
dlokeefe

**Article I**

The name of the Limited Liability Company is:

HEALTHY LANDS, PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

12000 4TH STREET NORTH  
ST PETERSBURG, FL. US 33716

The mailing address of the Limited Liability Company is:

12000 4TH STREET NORTH  
ST PETERSBURG, FL. US 33716

**Article III**

Other provisions, if any:

HEALTHY LANDS HELPS NONPROFITS, GOVERNMENT, THE PRIVATE  
SECTOR, AND COMMUNITIES PROTECT VALUABLE LANDS AND WATERS.

**Article IV**

The name and Florida street address of the registered agent is:

VCORP SERVICES, LLC  
5011 SOUTH STATE ROAD 7, SUITE 106  
DAVIE, FL. 33314

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.

Registered Agent Signature: SARAH RAYBURN

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
DONALD M KENT  
12000 4TH STREET NORTH  
ST PETERSBURG, FL. 33716 US

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Signature of member or an authorized representative

Electronic Signature: SUSAN ENGLE

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.