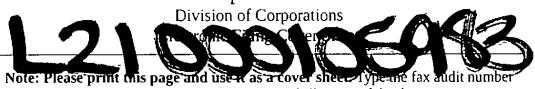
Florida Department of State



(shown below) on the top and bottom of all pages of the document.

(((H210001013403)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. **Deep South Bamboo LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability	Company is:			
Deep South Bamboo I	LLC			
		Liability Comp	any, "L.L.C.," or "LLC.")	
·		, ,	•	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal o	office of the Lir	nited Liability Company is:	
Duinaina	LOffino Address:		Mailing Ad	drace-
<u>Fijincipa</u>	l Office Address:		Manne Au	uress.
7901 4th St N			7901 4th St N	
STE 300			STE 300	
St. Petersburg, FL 337	702	<u>.</u>	St. Petersburg, FL 33702	
ARTICLE III - Registered Age: (The Limited Liability Company another business entity with an ac	cannot serve as its own	Registered Ag		individual or
The name and the Florida street a	ddress of the registered	d agent are:		
	Registered Agents In	ıc.		
	<u></u>	Name		
	7901 4th St N STE 3			
	Florida street addres	is (P.O. Box 🔀	OT acceptable)	
	St. Petersburg	FL	33702	
	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 position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2621 MAR 12 PH 2: 29

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:	
"AMBR" = Authorized N	1ember	
"MGR" = Manager		
AMBR	thomas keene	
	7650 Green Mountain Way	
	Winter Garden, Florida 34787	
		_
	, <u>, , , , , , , , , , , , , , , , , , </u>	
(Use attachment if necess	(1000)	
(Ose attachment if necess	aly;	
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