## L21000267141

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SECRETARY OF STATE

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## COVER LETTER

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SUBJECT		W PROPERTY LLC			
SOBJECT		Name of	Limited Liabili	ty Company	
The enclose	ed Articles of (	Organization and fee(s)	are submitted	for filing.	
Please retur	n all correspo	ndence concerning this	matter to the fo	ollowing:	
	SHEENA SU	ULLIVAN			
			Name of	Person	
	DP SULLIV	AN LAW FIRM			
			Firm/Co	mpany	
	851 NE 1ST	AVE #1903			·
			Addre	288	·
	MIAMI, FL	33132			
	SHEENA@D	PSULLIVANLAW.CO	City/State and	l Zip Code	
-	E	-mail address: (to be u	sed for future a	nnual report notification	on)
For further in	nformation con	ncerning this matter, ple	ease call:		
	SHEENA SU	LLIVAN at	718	578-2229	
	Name	e of Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for th	ne following amount:			
■\$125.00	Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New Fi Divisio P.O. B	g Address iling Section on of Corporations ox 6327 assec, FL 32314		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	ssee et, Suite 810

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2121 JUN -8 AM 9: 34

SECRETARY OF STATE TALLAHASSEE, FL

MASS GROW PROPERTY LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

(Musi contain the we	itus Dimitou Diaoriity Conq	mily, D.M.C., or DEC. /
ARTICLE II - Address: The mailing address and street address of	the principal office of the Lin	mited Liability Company is:
Principal Office	Address:	Mailing Address:
16 TILFORD, #A		16 TILFORD, #A
DEERFIELD BEACH, FL 334	142	DEERFIELD BEACH, FL 33442
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot so another business entity with an active Flor The name and the Florida street address of	erve as its own Registered Agrida registration.)	
SHEEP	NA SULLIVAN	
	Name	
2355 R	IVIERA DRIVE	
Florid	a street address (P.O. Box N	OT acceptable)

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..

State

**DELRAY BEACH** 

City

33445

Zip

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	JAMES CRAWFORD
	16 TILFORD, #A
	DEERFIELD BEACH, FL 33442
MGR	JAMES CRAWFORD
	16 TILFORD, #A
	DEERFIELD BEACH, FL 33442
<u> </u>	
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	$\frac{\partial}{\partial x} = \frac{\partial}{\partial x} $
(Use attachment if necessary)	HASSES, FL
LEV: Effective date if other than the d	date of filing: (OPTIONAL)
fective date is listed, the date must be	e specific and cannot be more than five business days prior to or 90 day
of filing.)	
	of meet the applicable statutory filing requirements, this date will not be
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JAMES CRAWFORD

Typed or printed name of signee

Filing Feer:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)