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| Special Instructions to I | Filing Officer: | |
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Office Use Only



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The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Bloomin Beautiful Gardens LLC Firm/Company 18044 Polo Trail Braclenton; FL 34211

City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brooke Henry at (240) 687-3925

Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & Certificate of Status Certified Copy □\$160.00 Filing Fee. Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address Street Address New Filing Section Division New Filing Section The Centre of Tallahassee Division of Corporations 2415 N. Monroe Street, Suite 810 P.O. Box 6327 Tallahassee. Tallahassee, FL 32303 FL 32314 ARTICLESOF ORGANIZATIONFORFLORIDALIMITEDLIABILITYCOMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: Bloomin Beautiful Gardens L.L.C.

ARTICLE II - Address:

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

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

Principal Office Address:

Mailing Address:

| The name and the Florida street | address of the registere | d agent are: | | |
|--|---|---|---|--|
| | Brovice | Henry | | |
| | | Name | | |
| | 18044 Polo | | | |
| | Florida street addres | | | |
| | Brademon | | | |
| | City | State | Zip | |
| place designated in this certificate further agree to comply with the pi I am familiar with and accept the a | rovisions of all statutes obligations of my positi | relating to the pi ion as registered i | oper and complete j | performance of my duties, and r in Chapter 605, F.S |
| | Regist | ered Agen (s sign | ature (REQUIRED) | 1 |
| | | • | | |
| | | (CONTINUEL | | |
| ARTICLE IV- The name and addres | ss of each person autho | (CONTINUED |)) | ited Liability Company: |
| The name and address | · | (CONTINUED | nnd control the Limi | |
| The name and address | · | (CONTINUED orized to manage a | nnd control the Limi | |
| The name and address Title: "AMBR" = Authoriz | · | CONTINUED orized to manage a Name and BYDOKC | and control the Limit Address: | ited Liability Company: |
| The name and address Title: "AMBR" = Authoriz | · | CONTINUED orized to manage a Name and BYDOKC | nnd control the Limi | ited Liability Company: |
| The name and address Title: "AMBR" = Authoriz | · | CONTINUED orized to manage and Name and BYDOKC 10044 Pr | and control the Limit Address: | ited Liability Company: |
| The name and address Title: "AMBR" = Authoriz "MGR" = Manager | · | CONTINUED orized to manage and Name and BYDOKC 10044 Pr | and control the Limit Address: | ited Liability Company: |
| The name and address Title: "AMBR" = Authoriz "MGR" = Manager | · | CONTINUED orized to manage and Name and BYDOKC 10044 Pr | and control the Limit Address: | ited Liability Company: |
| The name and address Title: "AMBR" = Authoriz "MGR" = Manager | · | CONTINUED orized to manage a Name and BYDOKC 10044 Pr | and control the Limit Address: | ited Liability Company: |
| The name and address Title: "AMBR" = Authoriz "MGR" = Manager | · | CONTINUED orized to manage a Name and BYDOKC 10044 Pr | and control the Limit Address: Lency Dio Trail FL 34211 | ited Liability Company: |
| The name and address Title: "AMBR" = Authoriz "MGR" = Manager | · | CONTINUED orized to manage a Name and BYDOKC 10044 Pr | and control the Limit Address: Lency Dio Trail FL 34211 | ited Liability Company: |

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

NONE

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. I am aware that any 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.

BYDONE HEARY

Typed or printed name of signee

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after

the date of filing.)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)