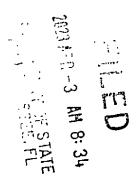


(Rec	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	-iling Officer:	
:		









CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

04/03/2023

Date:

	Acc	#I20160000072	and the second
Name:	GRO GP D1, LLC		
Document #:			
Order #:	14851888		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:		6 Withdraw	al 1st - Formation 2nd
Certified Copy of			
Apostille/Notarial Certification:		ry of Destination: er of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier W.P. Verifier Ref#	Amount: \$ 1	55.00	

Thank you!

COVER LETTER

TO:	New Filing Section Division of Corporations
SUBJI	GRO GP D1, LLC
SUBai	Name of Limited Liability Company
The er	aclosed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	D Abernathy
	Name of Person
	Orrick, Herrington & Sutcliffe LLP
	Firm/Company
	400 Capitol Mall, Suite 3000
	Address
	Sacramento, CA 95814
	City/State and Zip Code
	dabernathy@orrick.com E-mail address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report nonneactor)
For fur	ther information concerning this matter, please call:
	Deborah Abemathy 916 329-7954 at ()
	Name of Person Area Code Daytime Telephone Number
Enclo	osed is a check for the following amount:
	25.00 Filing Fee ☐\$130.00 Filing Fee & ☐\$155.00 Filing Fee & ☐\$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division The Centre of Tallahassee

P.O. Box 6327

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

GRO GP D1, LLC 1300 Brickell Ave Miami FL 33131

GRO GP D1, LLC an inactive Florida Limited Liability Company with Doc ID #L23000135419 (the "Company"), filed articles of dissolution with the Florida Department of State on April 3, 2023. The Company has no intention of revoking the dissolution, therefore, releasing the name for use to another entity, and hereby consents to GRO GP D1, LLC a Florida Limited Liability Company, using the name "GRO GP D1, LLC" when registering with the Florida Department of State.

BY: /s/ Deborah Abernathy

Name: Deboarh Abernathy

Title: Authorized Person

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

(Must cont	ain the words "Limited Lial	bility Company, "L	.L.C" or "LLC.")	
TICLE II - Address: mailing address and street a	ddress of the principal offic	ce of the Limited Li	ability Company is:	
Princip	al Office Address:		Mailing Address:	
1300 Brickell Avenu	ic, Miami FL 33131	1300 B	rickell Avenue, Miami, FL 33131	<u></u>
				
TICLE III - Registered Ag	ent, Registered Office, &	Registered Agent Yo	s Signature:	
ne Limited Liability Company other business entity with an	y cannot serve as its own Re active Florida registration.)	egistered Agent. Yo)	s Signature: ou must designate an individual or	2023 AF
ne Limited Liability Company other business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag <u>C T Corporation System</u>	egistered Agent. Yo) gent are: m	s Signature: nu must designate an individual or	2023 AFR -
he Limited Liability Company other business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag <u>C T Corporation System</u>	egistered Agent, Yo) gent are:	s Signature: ou must designate an individual or	2023 AFR -3
he Limited Liability Company other business entity with an	y cannot serve as its own Re active Florida registration.) address of the registered ag <u>C T Corporation System</u>	egistered Agent, Yo) gent are: m	nu must designate an individual or	
he Limited Liability Company other business entity with an	y cannot serve as its own Reactive Florida registration.) address of the registered ag <u>C T Corporation System</u>	egistered Agent. Yo) gent are: m Name ! Road	nu must designate an individual or	R-3 AM
RTICLE III - Registered Ag he Limited Liability Company other business entity with an he name and the Florida street	y cannot serve as its own Reactive Florida registration.) address of the registered ag C T Corporation System 1200 South Pine Island	egistered Agent. Yo) gent are: m Name ! Road	nu must designate an individual or	TARY OF

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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Pablo Simon Casarino MGR. c/o Growie Operations, LLC 1300 Brickell Avenue Miami, Florida 33131 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.) 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. REQUIRED SIGNATURE; Signature of a member or an authorized representative of a member. This document is executed in accordance with section (05.0203 (1) (b), Florida Statutes.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817(155, F.S.

- \$ 30,00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

Deborah Abernathy