CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

2014 FEB 14 AM 9: 28

| 1. The name of the limited liability con | mpany is: | SECRETARY OF STATE |
|---|-----------------|--|
| Floravita Lawn Care, LLC | | STATE OF IDAHO" - |
| 2. The complete street and mailing addresses of the initial designated office: | | |
| 2361 Scenic Dr., Emmett, ID 83617-9591 (Street Address) | | |
| (Mailing Address, if different than street address) | | |
| 3. The name and complete street address of the registered agent: | | |
| Eugene Deckard (Name) | | Dr., Emmett, ID 83617-9591 |
| (Name) | (Street Address | 9 |
| 4. The name and address of at least one member or manager of the limited liability company: | | |
| <u>Name</u> | | Address |
| Savannah Mowdy | 2361 Scenic | Dr., Emmett, ID 83617-9591 |
| Eugene Deckard | 2361 Scenic | Dr., Emmett, ID 83617-9591 |
| | | |
| | | |
| | | |
| | <u></u> | |
| | | |
| 5. Mailing address for future correspondence (annual report notices): | | |
| P.O. Box 783, Emmett, ID 83617-0783 | | |
| | | |
| 6. Future effective date of filing (optional): | | |
| | | |
| Signature of a manager, member or authorized | | |
| person. | ' | Secretary of State use only |
| Signature | | · |
| Typed Name: Eugene Deckard | | |
| | | TRANS CEMPETADY OF CTATE |
| Signature | <u></u> | IDANO SECRETARY OF STATE 92/14/2014 05:00 CV. 1472 CT. 27118 RM. 1410711 |
| Typed Name: | | 1 0 100.08 = 100.00 ORGAN LLC W 2 |
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