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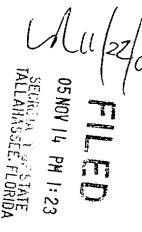
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BLACKWATER NATIVE NURSERY LLC (Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TOOD L BLANCHERI (Name of Person)
BLACKWATER NATIVE NURSERY LLC (Firm/Company)
3537 RIVERVIEW DRIVE
PACE FL 32571 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
TOPO L. BLANCHERI at (850) 777-9838 (Name of Person) (Area Code & Daytime Telephone Number) 3
Enclosed is a check for the following amount:
S125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\bigcup \\$160.00 Filing Fee & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building Zefol Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BLACK WATER NATIVE NURSERY LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.	·")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability (Company is:
Principal Office Address: Mailing Address:	
3814 LEWIS ROAD 3537 RIVERVIEW PACE FL 32571	ORIVE
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signat (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or an business entity with an active Florida registration.)	t ure: nother
The name and the Florida street address of the registered agent are:	e es
TOOD L BLANCHERI	NO.
Name 3537 RIVERVIEW DRIVE Florida street address (P.O. Box NOT acceptable) PACE FL 3257/ City, State, and Zip	14 PM 1: 23
Having been named as registered agent and to accept service of process for the above s liability company at the place designated in this certificate, I hereby accept the appoint registered agent and agree to act in this capacity. I further agree to comply with the prostatutes relating to the proper and complete performance of my duties, and I am familiaccept the obligations of my position as registered agent as provided for in Chapter	intment as ovisions of all ar with and

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: .(OPTIONAL) (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.) **REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Filing Fees:

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

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)