

L00000000/525

TRANSMITTAL COVER LETTER

Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Bushs Native Nursery, etc L.L.C.

Enclosed is an original and one (1) copy of the required documents. Could you please stamp the copies with the filing date and return them to me in the enclosed self addressed/stamped envelope.

Please find enclosed a check in the amount of \$125.00 for the following fees:

1. \$100.00 filing fee for Articles of Organization
2. \$25.00 Designation of Registered Agent

From: Vernon Bush
1103 Alabama Ave
Lynn Haven, Florida 32444
(850) 265-9487

100003126401--2
-02/08/00--01009--004
****125.00 ****125.00

Thank you

Sincerely,



Vernon Bush

FILED
00 FEB -8 PM 4: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L00-1525
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is: Bushs Native Nursery, etc L.L.C.

ARTICLE II – Address:

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

1103 Alabama Ave
Lynn Haven, Florida 32444

ARTICLE III – Registered Agent, Registered Agents Office, & Registered Agents Signature:

The name and the Florida street address of the registered agent are:

Vernon Bush

Name

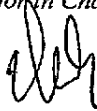
1103 Alabama Ave

Florida street address

Lynn Haven, Florida 32444

City, State and Zip

Having been named as registered agent and to accept the 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 608, F.S.



Registered Agents Signature

ARTICLE IV – Management (Check box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is therefore a manager-managed company.



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 penalties of perjury that the facts stated herein are true)

Vernon B. Bush

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Bushs Native Nursery, etc L.L.C.
2. The name and Florida street address of the registered agent are:

Vernon Bush

Name

1103 Alabama Ave

Florida street address

Lynn Haven, Florida 32444

City, State and Zip

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA