

Division of Corporations

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## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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## LIMITED LIABILITY COMPANY

Planters, LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
PLANTERS, LLC**

The undersigned, acting as the authorized representative of the Members of a Limited Liability Company to be formed under the Florida Limited Liability Company Act, as Amended (the "Act"), hereby forms a Florida Limited Liability Company (the "Company") pursuant to the Act, hereby sets forth the following Articles of Organization (the "Articles"):

**ARTICLE I**

**Name**

The Name of the Company is PLANTERS, LLC

**ARTICLE II**

**Principal Office**

The mailing address and the street address of the principal office of the Company shall be 9021 Town Center Parkway, Bradenton, FL 34232.

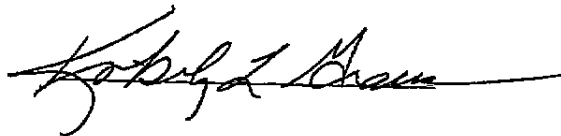
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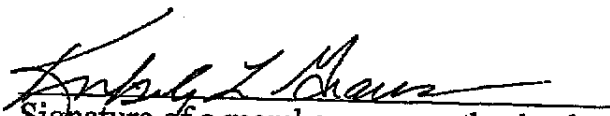
**ARTICLE III****Registered Agent and Office**

The initial registered agent for the Company shall be Kimberly L. Graus, and the address of the registered agent for service of process shall be 9021 Town Center Parkway, Manatee County, Bradenton, FL 34232.

*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 agrees 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..*

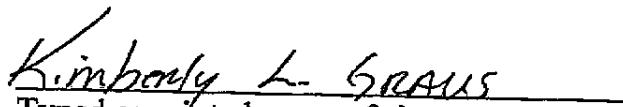
**ARTICLE V****Management**

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 the penalties of perjury that the facts stated herein are true.



Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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