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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 27 PM 3:55

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LIMITED LIABILITY COMPANY  
LEDESMA NURSERY & LANDSCAPING LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 27 PM 4:00

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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②  
**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **LEDESMA NURSERY & LANDSCAPING LLC**

**H 01000085368**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
**3600 S. W. 102 Avenue, Miami, FL 33165**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**NORMA LEDESMA**  
 Name  
**10545 S. W. 60 Street**  
 Florida street address (P.O. Box NOT acceptable)  
**Miami, FL 33173 FL**  
 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 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.*

*Norma Ledesma*  
 Registered Agent's 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.

(An additional article must be added if an effective date is requested)

*Norma Ledesma*  
 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.)

**NORMA LEDESMA**

Typed or printed name of signer

**H 01000085368**

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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