

# LO2000020555

CORPDIRECT AGENTS, INC. (formerly CCRS)  
103 N. MERIDIAN STREET, LOWER LEVEL  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT:

Pam Wolfe

DATE:

8.12.02

REF. #:

0163.8503

CORP. NAME:

Jack Parker Nursery, LLC

RECEIVED  
02 AUG 12 PM 1:45  
DIVISION OF CORPORATION

000007059470--0

08/12/02--01049--015  
\*\*\*1120.00 \*\*\*\*160.00

- |  |   |
|--|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | <input type="checkbox"/> UCC-1                  |
| <input type="checkbox"/> OTHER:                      |   |

- |   |
|---|
| <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> FICTITIOUS NAME              |
| <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> UCC-3                        |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AL

STATE FEES PREPAID WITH CHECK# 1036 FOR \$ 1120.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING

☒ CERTIFICATE OF STATUS

☐ PLAIN STAMPED COPY

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Jack Parker Nursery, LLC

**ARTICLE II - Address:**

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

9400 Gladiolus Drive, Suite 250  
Fort Myers, FL 33908

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

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

Stephen J. Mitchell

Name

201 N. Franklin Street, Suite 2100.

Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33602

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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.*

\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE IV - Management (Check box if**

☒ 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)

\_\_\_\_\_  
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.)

Stephen J. Mitchell

\_\_\_\_\_  
Typed or printed name of signee

**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)