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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
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BK

LIMITED LIABILITY COMPANY

ATLANTIC COAST NURSERIES, L.L.C.

Certificate of Status	0
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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION
OF
ATLANTIC COAST NURSERIES, L.L.C.,
A FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1: NAME

The name of the limited liability company is: ATLANTIC COAST
NURSERIES, L.L.C.

ARTICLE 2: ADDRESS

The mailing address and street address of the initial principal
office of the limited liability company is 4801 S. University
Drive, Suite 116, Davie, FL 33328.

ARTICLE 3: DURATION

The period of duration for the limited liability company shall be
perpetual.

ARTICLE 4: MANAGEMENT

The limited liability company is to be managed solely by the
members, and the names and addresses of the initial members are:
Ira Alweiss and Alan Alweiss, both at 4801 S. University Drive,
Suite 116, Davie, FL 33328.

PREPARED BY:
ARNOLD PERLSTEIN, ESQ.
FLORIDA BAR NO. 270911
4801 S. UNIV. DR. 2d fl.
DAVIE, FL 33328
(954) 389-0170

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ARTICLE 5: ADMISSION OF ADDITIONAL MEMBERS

The members, acting only by the written consent of the majority in-interest of the members, shall have the right to admit additional members, subject to all of the terms and conditions of these Articles of Organization, of any operating agreement of the limited liability company, and of the Regulations of the limited liability company.

ARTICLE 6: MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining members of the limited liability company shall have the right to continue the business upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the limited liability company, but only be upon the terms and conditions of any operating agreement and the Regulations, as they exist at that time.

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ARTICLE 7: REGISTERED AGENT/OFFICE

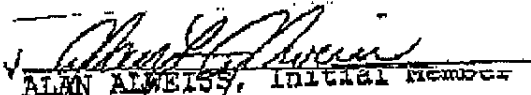
The name and address of the original Registered Agent and Office
are:

ARNOLD PERLSTEIN, ESQ.
4801 S. University Drive, 2nd fl.
Davie, FL 33328

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STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned Members have hereunto set
their hands and seals on August 19, 2002. 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.


IRA ALWEISS, Initial Member


ALAN ALWEISS, Initial Member

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ACCEPTANCE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

ARNOLD PERLSTEIN, ESQ., the individual residing in this state, having a business office identical with the registered office of the organization named below, and having been designated as the registered agent in the above and foregoing Articles of Organization of ATLANTIC COAST NURSERIES, L.L.C., and to accept service of process for the above limited liability company, hereby accepts said appointment as Registered Agent and agrees to act in such capacity. The undersigned is familiar with and accepts the obligations of the position of Registered Agent in Chapter 608, Florida Statutes, and agrees to comply with all the provisions of all statutes relating to the proper performance of his duties.

Dated this 19th day of August, 2002.

Arnold Perlstein, Esq.

 ARNOLD PERLSTEIN, ESQ.

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 CLERK OF DISTRICT COURT
 TALLAHASSEE, FLORIDA

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