

L03000005251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

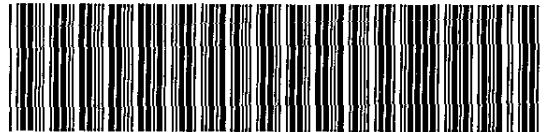
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03 FEB 12 PM 1:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
L03-52  
OK

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- RAIN FOREST HOME SERVICES & NURSERY, L.L.C.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

#### NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

#### AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

#### OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

#### REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
RAIN FOREST HOME SERVICES & NURSERY L.L.C.**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I — Name:**

The name of the Limited Liability Company is:  
**RAIN FOREST HOME SERVICES & NURSERY L.L.C.**

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: P.O. Box 970722, Boca Raton, FL 33497-0722 and 22127 Woodset Way, Boca Raton, Florida 33428 respectively.

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be: Perpetual beginning upon filing of these Articles of Organization with the Secretary of State.

**ARTICLE IV — Management:**

(Check the appropriate box and complete the statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name and address(es) of such manager(s) who is/are to serve as manager(s) is/are:
- ☒ The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

James Loeb

22127 Woodset Way  
Boca Raton, Florida 33428

Geraldo DaSilva

9901 Liberty Court  
Boca Raton, Florida 33434

**ARTICLE V — Admission of Additional Members:**

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

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*Admission.* Persons by an affirmative vote of Members owning a majority of the Members' Percentages may be admitted to the Company as additional Members. A Person admitted to the Company as a Member shall have the Percentage as determined by the Members. The admission of an additional Member shall be effective as of the first day of a Company Fiscal Year.

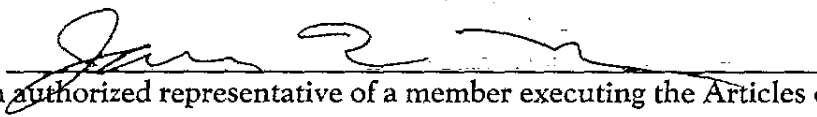
*Capital Contributions.* The initial Capital Contribution of an additional Member admitted to the Company under this section shall be an amount equal to the same percentage of the Asset Value of all Company Property that the Additional Member's Percentage is of the total Percentages owned by all Members. An initial Capital Contribution shall be paid in cash in full at the time of admission unless otherwise agreed by the Company.

*Admission Requirements.* Each additional Member shall execute a counterpart of the Regulations and shall be bound by all provisions thereof, and shall execute any other documents that the Company may deem necessary or appropriate to effect the admission of the Person as an additional Member.

#### ARTICLE VI — Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be automatic.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 11<sup>th</sup> day of February, 2003.

  
Signature of an authorized representative of a member executing the Articles of Organization

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAMES LOEB

\_\_\_\_\_  
Typed or printed name of signer

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**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.**

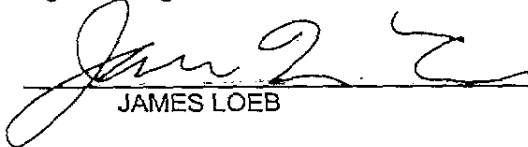
1. The name of the Limited Liability Company is:

**RAIN FOREST HOME SERVICES & NURSERY L.L.C.**

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

**JAMES LOEB  
22127 Woodset Way  
Boca Raton, FL 33428**

*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.*

  
JAMES LOEB

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