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Registration Section Division of Corporations Post Office Box 6327 Tallahassee,FL 32314

Please find the attached Articles of Organization for Doner's Nursery LLC. The filing fee, designation of registered agent and certified copy are included in the check total.

Regards,

Michael E. Doner

1178 Ridgecrest Ct.

Palm Harbor, FL 34683

Phone 727-641-7616, 727-773-0956

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Doner's Nursery, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  1178 Ridge Crest CT.  PALM HARBOR, FL. 34683  ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Julie K. Doner
Name
1178 RIDGECREST GL.
Florida street address (P.O. Box NOT acceptable)
PALM HARBOR FL 34683
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 af 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.
Wink Done
Registered Agent's Signature
(An additional article must be added if an effective date is requested)
777-1-0
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.)
Michael Dance

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)