

# L0300 00/4150

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

From: Account Name : GERALD S. LESHER  
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DIVISION OF CORPORATION

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RECEIVED

**LIMITED LIABILITY COMPANY**

**LOXAHATCHEE NATIVE NURSERY LLC**

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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42403

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

**ARTICLE I-NAME**

The name of the Limited Liability Company is :LOXAHATCHEE NATIVE  
NURSERY LLC

**ARTICLE II-ADDRESS**

The mailing address and the street address of the principal office of the  
Limited Liability Company is: 248 C ROAD LOXAHATCHEE FLORIDA  
33470

**ARTICLE III-REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE:**

The name and street address of the registered agent are:

Gerald S. Leshner Esq.  
1555 Palm Beach Lakes Blvd Suite 1510  
West Palm Beach Florida 33401

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, I  
AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED  
AGENT AS PROVIDED FOR IN CHAPTER 608, FLORIDA STATUTES.

  
REGISTERED AGENT'S NAME

**ARTICLE IV-MANAGEMENT** THE Limited Liability Company is to be  
managed by one or more managers and is therefore, a manager-managed  
company, subject to the terms of an operating agreement.

(IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS  
DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTY OF PERJURY THAT THE  
FACTS STATED HEREIN ARE TRUE)

  
GERALD S. LESHER

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