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(Requestor's Name)

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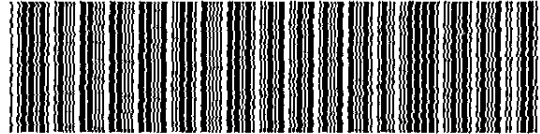
(Business Entity Name)

(Document Number)

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

1. 217 NURSERY ACRES, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

Examiner's Initials

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ARTICLES OF ORGANIZATION OF  
217<sup>th</sup> NURSERY ACRES, LLC  
LIMITED LIABILITY COMPANY

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

**ARTICLE I — Name:**

The name of the Limited Liability Company is: 217<sup>th</sup> NURSERY ACRES, LLC

**ARTICLE II — Address:**

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

30401 SW 217<sup>th</sup> Avenue  
Homestead, Florida 33030

**ARTICLE III — Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV — Management:**

The Limited Liability Company is to be managed by a manager or managers and the name and address of the initial managers who are to serve as managers until the appointment of the successors are:

NELSON FERNANDEZ  
30401 SW 217<sup>th</sup> Avenue  
Homestead, Florida 33030

FERNANDO A. DE IZAGUIRRE  
30401 SW 217<sup>th</sup> Avenue  
Homestead, Florida 33030

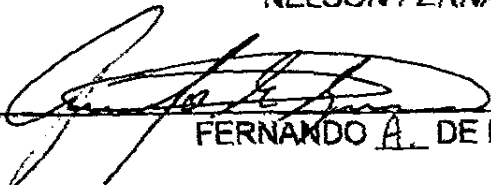
**ARTICLE V — Registered Agent:**

The name and street address of the initial registered agent for service of process on the Limited Liability Company is:

Alberto J. Parlade  
PARLADE & FIGUERAS  
7050 S.W. 86 Avenue  
Miami, Florida 33143

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this \_\_\_\_\_ day of \_\_\_\_\_, 2003.

By:   
NELSON FERNANDEZ

By:   
FERNANDO A. DE IZAGUIRRE

(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.)

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

217<sup>th</sup> NURSERY ACRES, LLC

2. The name and address of the registered agent and office is:

30401 SW 217<sup>th</sup> Avenue  
Homestead, Florida 33030

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 of registered agent and agree to act in its 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.



ALBERTO J. PARLADE

(Date)