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	questor's Name)	_
(Re	equestors Name)	
(Address)		
(Address)		
(Cit	:y/State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
		
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates o	f Status
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Special Instructions to	Filing Officer:	
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SCHRETARY OF STATE
SIVISION OF CORPORATION

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TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Green leaf Dursery (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
RICKARD CARTER (Name of Person)	_
(waine of reison)	
Greenleaf Nursery (Firm/Company)	
4722 FlorilA Ave	*****
LAUrel Hill Fl 32567 (City/State and Zip Code)	
	早齡
For further information concerning this matter, please call:	PR SECTION
Richard Cartelat (850 683-1487 (Name of Person) (Area Code & Daytime Telephone Number)	O4 APR 26 P
(Name of Person) (Area Code & Daytime Telephone Number)	325
	PH 1:49

STREET ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the <u>attached articles of organization</u> and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this document was:
CArter FAIONS DBA Greenleaf Nursery
9
SECOND: The date on which and the jurisdiction in which the unincorporated business was first
created or otherwise came into being are:
A. Date: 1997 Sanurary
B. Jurisdiction: OKALDOSA COUNTY FLA
C. If different from the above noted jurisdiction, the jurisdiction immediately prior to
its conversion:
THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:
Greenleaf Nursery LLC = 5
Ruhard Carta
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
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.)
Typed or Printed Name of Signee

FILING FEES:

\$100.00 Filing Fee for Articles of Organization

- \$ 25.00 Filing Fee for Registered Agent Designation
- \$ 25.00 Filing Fee for Certificate of Conversion
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Greenleaf Nursery	LLC .
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
6722 Florida Ave	10722 Florida Ave
LAurel Hill Fl	LAurel Hill F1
32567	32567
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re Registered Agent, Registered Registered Agent, Registered Agent, Registered Registered Agent, Registered Agent, Registered Agent, Registered Agent, Registered Agent Registered Registered Agent, Registered Agent, Registered Agent, Registered Agent Registered	Ave Box NOT acceptable)
LAurel Hill	FLORIDA 32567

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 as provided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

The name and address of each Manag	ger or Managing Member is as follows:
Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Richard A. Carter
	LAUREL HILL FL 32567
mGR	DARliene Smith
	LAUREL HILL FI 32567
marm	Robert Shelby
•	LANCEL HILL FL 32567
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.

ARTICLE IV- Manager(s) or Managing Member(s):

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

REQUIRED SIGNATURE:

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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

Typed or printed name of signee

that the facts stated herein are true.)