Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : HUBCO

Account Number : 104662003400

Phone (516) 935-3940

Fax Number : (516)935-308B

'ED LIABILITY COMPANY

Indian River Horticultural Services LLC

Certificate of Status	1
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Corporate Filing

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ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Limited Liability Compa	myis: Indian River Horticultural Services LLC
ARTICLE II - Address	-
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
19780 SW 280 Street	19780 SW 280 Street
Homestead, FL 33031	Homestead, FL 33031
ARTICLE III - Registered Ager. The name and Florida street address of the	nt, Registered Office & Registered Agent's Signature
The name and Profice Street address of a	Michael D. Tevelonis
-	Name
	19780 SW 280 Street
•	(P.O. Box or Mail Drop Box NOT Acceptable)
_	Homestead, FL 33031
	(City / State / Zip)
at the place designated in this certification capacity. I further agree to comply with	(City / State / Zip) Int and to accept service of process for the above stated limited liability company ate, I hereby accept the appointment as registered agent and arree to act in this, the provisions of all statutes relating to the proper and complete performance and accept the obligations of my position as registered agent at provided for in

	- Manager(s) or Managing Member(s):
Title: "MGR" = Mana; "MGRM" = Mana;	~
MGR	Michael D. Tevelonis - 19780 SW 280 Street, Homestead, FL 33031
MGR	Andrew L. Tevelonis - 2454 Lakeview Drive, Melbourne, FL 32935
(Use attachment	ifnecessary)
REQUIRED S	IGNATURE:
	Signature of a member or 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 D. Tevelonis
	Typed or printed name of signee

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SECRETARY OF STATE