

L05000042388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

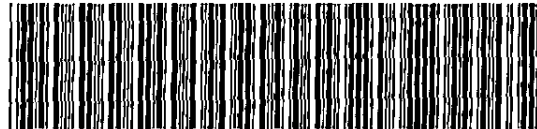
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RECEIVED  
05 APR 29 AM 11:41  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
05 APR 29 PM 2:57  
TALLAHASSEE, FLORIDA  
STATE

**LAZARUS  
CORPORATE FILING SERVICE**

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STATE  
FLORIDA

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

1. ROSWELL NURSERY'S 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**

☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

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

**ARTICLE I – Name:**

**The name of the Liability Company is:**

ROSWELL NURSERY'S LLC.

**ARTICLE II – Address:**

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

300 NW 5 AVE HOMESTEAD, FL 33030

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

**The name and the Florida street address of the registered agent are:**

ANTONIO DUQUE

Name

300 NW 5 AVE

Florida street address (P.O. Box NOT acceptable)

HOMESTEAD, FL 33030

City, State, and Zip

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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 familiar with and accept the obligations of my positions as registered agent as provided for ub Chapter 608, F.S.*



Register Agent's Signature

**ARTICLE IV - Management ( Check box if applicable.)**

- ☒ The Limited Liabilities Company id to be managed by one manager of more managers and is, therefore, a manager - managed company.

ANTONIO DUQUE

300 NW 5 AVE HOMESTEAD, FL 33030

**(An additional article must be added If an affected date is required)**

**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 and affirmation under the ponalties of perjury that the facts stated herein are true.)*

ANTONIO DUQUE

X 

Typed of printed name of signee