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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 1 - 2 PM 12:29  
OFFICE OF STATE  
05-44477  
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EFFECTIVE DATE  
05-1-05

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHADE TREE NURSERY, LLC  
(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:

FRANK WHITE  
(Name of Person)

SHADE TREE NURSERY, LLC  
(Firm/Company)

10791 184TH STREET  
(Address)

MCALPIN, FL 32062  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK WHITE at ( 386 ) 364-4621  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**STREET ADDRESS:**  
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

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2 PH 12:25  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SHADE TREE NURSERY, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

10791 184TH STREET

MCALPIN, FL 32062

**Mailing Address:**

10791 184TH STREET

MCALPIN, FL 32062

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

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

FRANK WHITE

Name

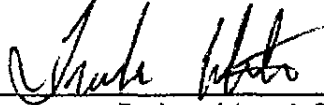
10791 184TH STREET

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

MCALPIN, FL 32062

City, State, and Zip

*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, F.S.*



Registered Agent's Signature

FILED  
MAR 2 2005  
11:29 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

EFFECTIVE DATE  
3-1-05

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

The name and address of each Manager or Managing Member is as follows:

| <u><b>Title:</b></u>                        | <u><b>Name and Address:</b></u>   |
|---|---|
| "MGR" = Manager<br>"MGRM" = Managing Member |   |
| _____ MGR _____                             | _____ FRANK WHITE _____<br>_____ 10791 184TH STREET _____<br>_____ MCALPIN, FL 32062 _____    |
| _____ MGR _____                             | _____ JANE WHITE _____<br>_____ 10791 184TH STREET _____<br>_____ MCALPIN, FL 32062 _____     |
| _____ MGR _____                             | _____ TOMMY E. WHITE _____<br>_____ 10791 184TH STREET _____<br>_____ MCALPIN, FL 32062 _____ |
| _____ MGR _____                             | _____ RONALD WHITE _____<br>_____ 10791 184TH STREET _____<br>_____ MCALPIN, FL 32062 _____   |

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



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.)

FRANK WHITE

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED  
NOV 11 2 29 PM '12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V - EFFECTIVE DATE:

The effective date of this LLC shall be May 01, 2005.

FILED  
MAY -2 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA