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SECRETARY OF STATE
ANALYSEE FI OPION



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 30, 2005

FRANCIS B. FORCE FORCE'S GREENHOUSE, L.L.C. 2812W KELLY PARK ROAD APOPKA, FL 32712-5168

SUBJECT: FORCE'S GREENHOUSE, L.L.C.

Ref. Number: W05000031989

We have received your document for FORCE'S GREENHOUSE, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Letter Number: 405A00044134

Diane Cushing Document Specialist

TRANSMITTAL LETTER

	ivision of Corporations	•		
SUBJEC	CT: <u>FORCE'S GREENH</u> (Name of	IOUSE, L.L.C. Limited Liability Company)		
The enclo	osed Articles of Organizati	on and fee(s) are submitted for filing.		
	-	-		
ricase ici	an an correspondence cor	ncerning this matter to the following:		
		FRANCIS B. FORCE		
		(Name of Person)		
	FORC	E'S GREENHOUSE, L.L.C.	TAS 21	
	(Firm/Company)			
	281	2W, KELLY PARK ROAD (Address)	SECRETARY OF STATE	
	APC	DPKA, FLORIDA 32712-5168	59 59	
	(Cit	y/State and Zip Code)		
For furthe	er information concerning	this matter, please call:		
FRANC	IS B. FORCE	at (407) 886-4814		
(V	Name of Person)	(Area Code & Daytime Telep	phone Number)	
Enclosed	is a check for the following	g amount:		
a	\$125.00 Filing Fee			
	MANAGAMENT M. A.M. A.M. A.M. A.M.			
D	10			
D	\$160.00 Filing Fee, Cert	ificate of Status & Certified Copy		
S	FREET ADDRESS:	MAILING ADDRES	SS:	
Re	egistration Section	Registration Section		
Division of Corporations Division of Corporations			ons	
409 E. Gaines Street P.O. Box 6327				
Tallahassee, Florida 32399 Tallahassee, Florida 32314			2314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY <u>CÓMPANY</u>

COMPANI					
ARTICLE I - Name: The name of the Florida Limited Liability (Company is:				
FORCE'S GREENHOUSE, L.L.C					
ARTICLE II - Address: The mailing address and street address for the					
Principal Office Address:	Mailing Address:				
2812 W. KELLY PARK ROAD APOPKA, FL. 32712-5168	2812 W. KELLY PARK ROAD APOPKA, FL. 32712-5168				
ARTICLE III – Registered Agent, Regist	tered Office, & Registered Agent				

Signature:
The name and address for the registered agent for this company is:

FRANCIS B. FORCE

Name

2812 W. KELLY PARK ROAD

Fl street address

APOPKA, FL. 32712-5168 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

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager is as follows:

Title:

"MGR" = Manager

"MGR"

Francis B, Force
2812 W, Kelly Park Road
Apopka, Fl. 32712-5168

"MGR"

Quyless O, Force
2812 W, Kelly Park Road
Apopka, Fl. 32712-5168

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the secution of this document constitutes an affirmation under the penalties of ferjury that the facts stated herein are true.)

(D1141ECS (.)

Typed or printed name of signed

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)