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2005 AUG 31 A 11:06

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## TRANSMITTAL LETTER

FILED

**TO:** Registration Section  
Division of Corporations

2025 AUG 31 A 11:06

**SUBJECT:** Nature's Way Wholesale Nursery, LLC  
(Name of Limited Liability Company)

REGISTRATION  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa Smithson

(Name of Person)

Nature's Way Wholesale Nursery, LLC

(Firm/Company)

1901 Ulmerton Road, Suite 750

(Address)

Clearwater, FL 33762

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Smithson

at ( 727 )

540-9693

(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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

7005 AUG 31 A.D. 81  
FLORIDA  
TALLAHASSEE, FLORIDA

Nature's Way Wholesale Nursery, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1901 Ulmerton Road, Suite 750  
Clearwater, FL 33762

**Mailing Address:**

1901 Ulmerton Road, Suite 750  
Clearwater, FL 33762

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

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

Lisa Smithson

Name

1901 Ulmerton Road, Suite 750

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

Clearwater, FL 33762

FL

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)

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

MGR

**Name and Address:**

2025 AUG 31 A II: 06

Shannon Smithson

1405 HOBSON ST.  
TALLAHASSEE, FLORIDA

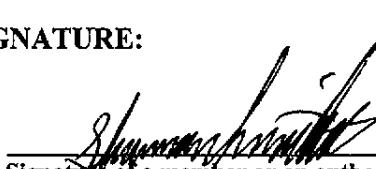
7485 Hobson Street NE

St. Petersburg, FL 33702-5439

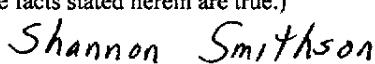
(Use attachment if necessary)

**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.)

  
\_\_\_\_\_  
Shannon Smithson

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)**