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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

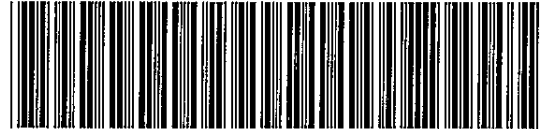
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2006 JAN -3 AM 8:43

SECRETARY OF STATE  
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2006 JAN -3 AM 8:44

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CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : 072100000032

REFERENCE : 791053 11405A

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 155.00

FILED  
2006 JAN -3 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : January 3, 2006

ORDER TIME : 3:32 PM

ORDER NO. : 791053-005

CUSTOMER NO: 11405A

DOMESTIC FILING

NAME: GULFCOAST NURSERIES, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Kimberly Moret - EXT. 2949

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
GULFCOAST NURSERIES, LLC,  
A Florida Limited Liability Company**

**FILED**  
2006 JAN -3 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

**ARTICLE I  
Name**

The name of this Company shall be **GULFCOAST NURSERIES, LLC.**

**ARTICLE II  
Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III  
Mailing Address**

The mailing address of the principal office of this Company is Post Office Box 2357, LaBelle, Florida 33975. The street address of the principal office of this Company is 5701 Ft. Denaud Road, Alva, Florida, 33920.

**ARTICLE IV  
Registered Agent and Office**

The name and street address of this Company's initial registered agent for service of process in this state is as follows: **Bryan W. Paul, 5701 Ft. Denaud Road, Alva, Florida, 33920.**

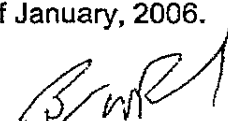
**ARTICLE V  
Management**

The Company is to be a member-managed company.

**ARTICLE VI**  
**Operating Agreement of Company**

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Members.

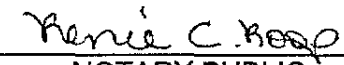
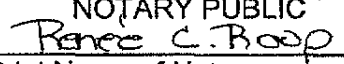
IN WITNESS WHEREOF, the undersigned, a member of the company, has hereunto set his hand and seal this 3rd day of January, 2006.

  
\_\_\_\_\_  
Bryan W. Paul

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 3rd day of January, 2006, by **Bryan W. Paul**. He is personally known to me or produced his current drivers' license as identification.

(SEAL)


  
\_\_\_\_\_  
NOTARY PUBLIC  
  
\_\_\_\_\_  
Print Name of Notary

My commission expires:

 Renee C. Roop  
Commission #DD159241  
Expires: Nov 24, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.

**STATEMENT OF REGISTERED AGENT**

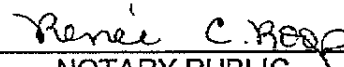
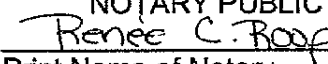
Having been named as Registered Agent and to accept service of process for the above-stated limited liability company, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided in Chapter 608, Florida Statutes.

  
\_\_\_\_\_  
Bryan W. Paul

STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of January, 2006, by **Bryan W. Paul**, who is personally known to me, or who produced his current drivers' license as identification.

(SEAL)

  
\_\_\_\_\_  
NOTARY PUBLIC  
  
\_\_\_\_\_  
Print Name of Notary

My Commission Expires:



Renee C. Roop  
Commission #DD159241  
Expires: Nov 24, 2006  
Bonded Thru  
Atlantic Bonding Co., Inc.