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(Address) (City/State/Zip/Phone #)	10/19/0601011016 **125.00
(Business Entity Name) (Document Number)	
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Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
_ Certificate of Good Standing
_ Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval



# ARTICLES OF ORGANIZATION McGRADY ROAD NURSERY, LLC 2504 AVE. G NW, WINTER HAVEN, FL 33880

#### **ARTICLE ONE--NAME**

### The name of the Limited Liability Company is McGRADY ROAD NURSERY, LLC

### **ARTICLE TWO--ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: Street address-- 2504 Ave. G NW, Winter Haven, FL 33880. Mailing address- PO Box 941, Lk. Alfred, FL 33850.

## ARTICLE THREE--REGISTERED AGENT, REGISTERED OFFICE & REGISTERED **AGENT'S SIGNATURE**

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

Christopher Desrochers, 2504 Ave. G NW, Winter Haven, FL 33880.

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 propert 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

### ARTICLE FOUR--MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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Joseph Tripp, Member