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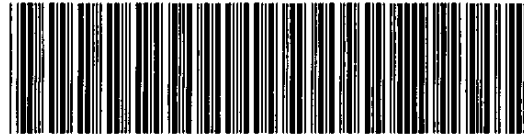
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CIRCLE C NURSERIES, 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:

MARY CLEVELAND

(Name of Person)

STANLEY WINES BENNETT & HELMS, P.A.

(Firm/Company)

P.O. Box 860

(Address)

Winter Haven, FL 33882-0860

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Cleveland

(Name of Person)

at (

863

(Area Code & Daytime Telephone Number)

299-1263

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)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION

FOR

**CIRCLE C NURSERIES, LLC**

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The undersigned member hereby certifies to the following in order to form a Limited Liability Company under Chapter 608, Florida Statutes.

### ARTICLE I - NAME

The name of the Limited Liability Company is **CIRCLE C NURSERIES, LLC**.

### ARTICLE II - DURATION

This Limited Liability Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company shall exist perpetually unless the Company is earlier dissolved in accordance with either the provisions of these Articles of Organization, the Operating Agreement or the Florida Limited Liability Company Act.

### ARTICLE III - PLACE OF BUSINESS

The mailing address and the street address of this Limited Liability Company shall be 2841 Thornhill Road, Winter Haven, Florida, 33880, and such other place or places as the members from time to time may determine.

### ARTICLE IV - REGISTERED AGENT

The street address of the initial registered office of this Limited Liability Company is 2841 Thornhill Road, Winter Haven, Florida 33880, and the name of the initial registered agent at that address is BENJAMIN C. CRIDER.

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## **ARTICLE V - MANAGEMENT OF BUSINESS**

The Limited Liability Company is to be managed by its Members and the names and addresses of the Members are:

BENJAMIN C. CRIDER  
2841 Thornhill Road  
Winter Haven, FL 33880

LAURA L. CRIDER  
2841 Thornhill Road  
Winter Haven, FL 33880

## **ARTICLE VI - REGULATIONS**

At the time of executing these articles or organization, the members of the Limited Liability Company shall adopt regulations known as an "Operating Agreement" containing all provisions for the regulation and management of this Company not inconsistent with law and these articles.

The power to alter, amend or repeal these regulations shall be vested in the members of this Company.

## **ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS**

No additional members shall be admitted to the Company except with the unanimous written consent of all the members of the Company and upon such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other members of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

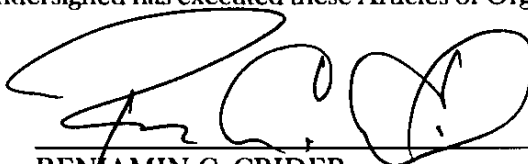
## **ARTICLE VIII - MEMBERS RIGHTS TO CONTINUE BUSINESS**

Upon the death, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the business of the Limited Liability Company may be continued by the consent of all the remaining members and there is at least one (1) remaining member.

**ARTICLE IX - AMENDMENTS**

These articles, except with respect to the vested rights of the members, may be amended from time to time by unanimous consent of the members, and a certificate of amendment shall be filed, duly signed by all members of the Company, with the Florida Department of State.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the 10<sup>th</sup> day of July, 2006.

  
BENJAMIN C. CRIDER

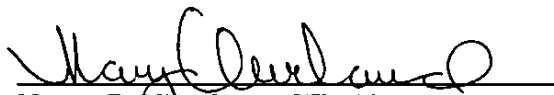
STATE OF FLORIDA  
COUNTY OF POLK

I HEREBY CERTIFY that on this day, before me a Notary Public duly authorized in the state and county named above to take acknowledgments, personally appeared **BENJAMIN C. CRIDER** (X) who is personally known to me or ( ) who has produced \_\_\_\_\_ as identification, known to me to be a member of **CIRCLE C NURSERIES, LLC**, and who executed the foregoing Articles of Organization and who acknowledged before me that he subscribed to these Articles of Organization.

WITNESS my hand and official seal in the county and state named above, this 10<sup>th</sup> day of July, 2006.



**Mary Cleveland**  
Commission # DD435410  
Expires May 30, 2009  
Bonded Troy Fain - Insurance, Inc. 800-365-7019

  
Notary Public - State of Florida  
My Commission Expires:  
My Commission No.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

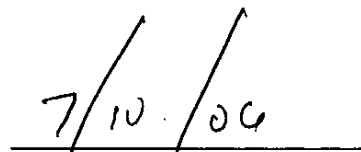
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **CIRCLE C NURSERIES, LLC.**
2. The name and the Florida street address of the registered agent are:

BENJAMIN C. CRIDER  
2841 THORNHILL ROAD  
Winter Haven, Florida 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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
BENJAMIN C. CRIDER

  
(DATE)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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