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(1	Requestor's Name)	
(,	Address)	
(	Address)	
(	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(1	Business Entity Name)	
(	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
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<u> </u>	Office Use Only	MOI
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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FRONTIER NUVGEVY 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:
Joseph A. Leserra
(Name of Person)
(Firm/Company)
5060 NW 76th Place 35 3
(Address)
Coconut Creek, Florida 33073 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
toseph A. Leserra = 561, 251-09:00
Joseph A. Leserra at 56, 251-0900 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & Certificate of Status & Certificate of Status & 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, FI 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
TRONGTIER NURSERY LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")	,
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
Principal Office Address:  Mailing Address:  5060 NW 76th Place 5060 NW 76th Place 500 NW 76th Place 5	1 1 -
The name and the Florida street address of the registered agent are:  Name    Company cannot serve as its own Registered Agent. You must designate an individual or another the pusiness entity with an active Florida registration.)    Company cannot serve as its own Registered Agent. You must designate an individual or another the pusiness entity with an active Florida registration.)	
5060 NW-76th Place Florida street address (P.O. Box NOT acceptable) COCONUT CHUK FL 33073	
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	

tegistered Agent's Signature (REQUIRED)

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..

(CONTINUED) Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address:

"MGR" = Manager	raine and radicips
"MGRM" = Managing Member	,
MGR.	Joseph A. Leserra
i	(aconut chek, f   33073
MGRM	Nayla B. Leserra
·	COCONUT CHILL FISSOTS
	ES FE
•	FEB -2
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the	date of filing: (OPTIONAL)
	e specific and cannot be more than five business days prior

**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.)

Naula Blace

Typed or printed name of signe

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)