Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000039506 3)))



H070000395063ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : RACHEL SIU
Account Number : I20010000073
Phone : (407)679-2433

Fax Number

: (407)671-4352

FLORIDA/FOREIGN LIMITED LIABILT

Black Hammock Nursery, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125,00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

2/13/2007

14

COVER LETTER

(Name of Limited Liability Company)

TO: Registration Section Division of Corporations SUBJECT: BLACK HAMMOCK NURSERY, LLC

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

Please return all correspondence concerning this matter to the following:

GERARDO PEREZ DE CORCHO

BLACK HAMMOCK NURSERY, LLC	
(Firm/Company)	
1860 ORANGE STREET	3.700
(Address)	
OVIEDO, FL 32765	Term
(City/State and Zip Code)	
For further information concerning this matter, please call: GERARDO PEREZ DE CORCHO (Name of Person) (Name of Person) Enclosed is a check for the following amount: Selection of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	ıs & .

(Name of Person)

Mulling 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

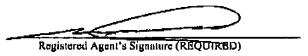
ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

BLACK HAMMO (Must end with the we		ed Company" or their abbreviation "LLC," o	ir "L,C.,")
	Address: ress and street address of the pr	incipal office of the Limited Liab	vility Company is:
Principal Office	Address:	Mailing Address:	
1860 ORANGE STR	EET		
OVIEDO, FL 32765	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
The Limited Liability business entity with	Company connot serve as its own Regist an active Plorida registration.) e Florida street address of the registration DERARDO PEREZ DE CORC Name 1860 ORANGE STREET	но	07 FEB 13 AM SECRETARY OF TALLAHASSEE, FL
The Limited Liability business entity with	Company connot serve as its own Regist an active Plorida registration.) e Florida street address of the registration DERARDO PEREZ DE CORC Name 1860 ORANGE STREET	ered Agent. You must designate an individu	O7 FEB 13 SECHETARY I

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.



(CONTINUED)
Page I of 2

***	7	٦.
Ë	7	= 7
€,	_	Ī

	The name and address of each Manager of		
	Title: "MGR" = Manager	Name and Address:	
	"MGRM" = Managing Member		
	MGRM	GERARDO PEREZ DE CORCHO	
		1860 ORANGE STREET	
		OVIEDO, FL 32765	
	MGR	SILVESTRE PEREZ DE CORCHO	
		1860 ORANGE STREET	
		OVIEDO, FL 32765	
	MGR	GEORGE TILFORD	
		1880 ORANGE STREET	•
4. 0.		OVIEDO, FL 32765	
	MGR	SALLY PEREZ DE CORCHO	• 1
		1860 ORANGE STREET	
		OVIEDO, FL 32765	(A)
			兴 品
	(Use attachment if necessary)	Æ	S _
		Š	Σ်ွ ယ
	LEV: Effective date, if other than the date		ਲ)
		cific and cannot be more than five business day	a bridge
to or 90) days after the dute of filing.)	Σ	٠. نو
		` Q i	£ 2
	and the sale of th		1/3
	REQUIRED SIGNATURE:		
	_		
	Signature of a member or	an authorized representative of a member.	
	~	•	
		608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury	
	that the facts stated berein		

Fillny Foca:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)