

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.**nature coast containers llc**

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

NATURE COAST CONTAINERS LLC

ARTICLE I

**The name of the Limited Liability Company shall be: NATURE
COAST CONTAINERS LLC**

ARTICLE II

**The Company is organized for any legal and lawful purpose for
which a limited liability company may be organized pursuant to the Act.**

ARTICLE III

**The mailing address and street address of the principal office of the
Limited Liability Company : 8575 N. RONDA DRIVE, CITRUS SPRINGS,
FLORIDA 34433**

ARTICLE IV

**The name and the Florida street address of the registered agent:
MICHAEL HOLST, 8573 N. RONDA DRIVE, CITRUS SPRINGS,
FLORIDA 34433**

ARTICLE V

The name of the Managing Manager(s) shall be:

MICHAEL HOLST

SHAUN SHOPLAND

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE


NATURE COAST CONTAINERS LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

MICHAEL HOLST

Registered Agent



Signature of a member or an authorized representative of a member.

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(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.)

MICHAEL HOLST

Typed or printed name of signee

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