

LOT 000074141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

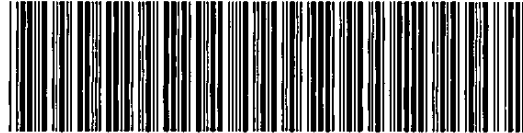
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200105322712

07/18/07--01015--022 \*\*155.00

RECEIVED

07 JUL 18 AM 10:56

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

07 JUL 18 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# LAZARUS

## CORPORATE FILING SERVICE

Requester's Name

3320 S.W. 87<sup>TH</sup> AVENUE

Address

MIAMI, FL 33165 (305) 552-5973

City/State/Zip

Phone #

FILED  
07 JUL 18 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. PLANT SPECIMEN WHOLESALE, LLC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.06 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

#### NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

#### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

#### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

#### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

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

**PLANT SPECIMEN WHOLESALE, L.L.C.**

**FILED**  
07 JUL 18 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name**

The name of the Limited Liability Company is: **PLANT SPECIMEN WHOLESALE, L.L.C.**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: **12505 S.W. 202 AVENUE, Miami, Florida 33196.**

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be: **PERPETUAL.**

**ARTICLE IV - Management**

The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): **ROBERTO PORCARI AND MERCEDES PORCARI, 12505 S.W. 202 AVENUE, MIAMI, FLORIDA 33196.**

The undersigned member or authorized representative of a member of:, **PLANT SPECIMEN WHOLESALE, L.L.C.,** disposes and says:

- 1) the above named limited liability company hast at least one member.

- 2) the total amount of cash contributed by the member(s) is \$1,000.00.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.

✓   
\_\_\_\_\_  
ROBERTO PORCARI

✓ 07/10/07  
\_\_\_\_\_  
DATE:

✓   
\_\_\_\_\_  
MERCEDES PORCARI

✓ 07/10/07  
\_\_\_\_\_  
DATE:

**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 OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is : **PLANT SPECIMEN WHOLESALES, L.L.C.**

2. The name and address of the registered agent and office is : **ROBERTO PORCARI, 12505 S.W. 202 AVENUE, MIAMI, FLORIDA 33196**

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.

  
\_\_\_\_\_  
ROBERTO PORCARI

  
\_\_\_\_\_  
DATE: