

L070000083558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

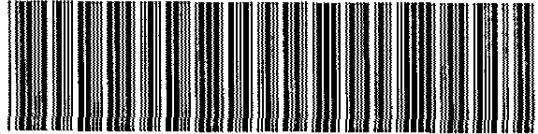
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/15/07--01006--003 \*\*155.00

Effective Date

07/16/07

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SECRETARY OF STATE  
DIVISION OF REGISTRATION  
07 JUL 23 AM 10:07

W07-35430

T. Hampton AUG 15 2007

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Native Nursery  
(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:

Tommy Tucker

(Name of Person)

Native Nursery

(Firm/Company)

2270 Aspen Road

(Address)

Punta Gorda, Florida 33982

(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Tucker

(Name of Person)

at ( 941 ) 575-1940

(Area Code & Daytime Telephone Number)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2007

TOMMY TUCKER  
2270 ASPEN RD  
PUNTA GORDA, FL 33982

SUBJECT: NATIVE NURSERY LLC  
Ref. Number: W07000035430

RECEIVED  
07 AUG 15 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NATIVE NURSERY LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Document Specialist  
Registration/Qualification Section

Letter Number: 407A00046221

Effective Date

07/16/07

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Native Nursery LLC.

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

2739 Taylor Road  
Punta Gorda, Florida 33950

#### Mailing Address:

2270 Aspen Road  
Punta Gorda, Florida 33982

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Tommy Tucker

Name

2270 Aspen Road

Florida street address (P.O. Box **NOT** acceptable)

Punta Gorda, Florida 33982

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
JUL 23 AM 10:07

*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..*

  
Registered Agent's Signature (REQUIRED)

(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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Tommy Tucker

2270 Aspen Road

Punta Gorda, Florida 33982

MGR

Carolyn Tucker

2270 Aspen Road

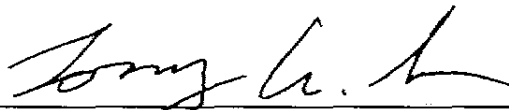
Punta Gorda, Florida 33982

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/16/2007. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

**Tommy Tucker**

Typed or printed name of signee

**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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JUL 23 AM 10:07