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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BOARDMAN & SPILLER, P.A.

Account Number: 102350003270 Phone : (239) 657-4418 : (239)657-4278 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CHENEY FAMILY NURSERY, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION

OF

CHENEY FAMILY NURSERY, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be CHENEY FAMILY NURSERY, LLC.

ARTICLE II

The mailing address of the company will be Post Office Box 5021, Immokalee, Florida 34143, and the street address of the principal office of this limited liability company shall be 2704 State Street, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until August 31, 2039, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY: Thomas K. Boardman THOMAS K. BOARDMAN, P.A. 1400 North 15th Street, Suite 201 Immokalee, Florida 34142 (239) 657-4418 Florida Bar No. 103581 SECRETARY OF STATE DIVISION OF CORPORATIONS

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ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its member. The name and address of the managing member is as follows:

Earl Wayne Cheney P.O. Box 5021 Immokalee, Florida 34143

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

The Member shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at Immokalee, Florida, on September 2, 2009.

Earl Wayne Chengy EARL WAYNE CHENEY

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 2^M day of September, 2009, by EARL WAYNE CHENEY, who is presonally known to me or 0who has produced a Florida Driver's License No.

as identification.



NOTARY PUBLIC
Name: Kerensa M. Clark

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: CHENEY FAMILY NURSERY, LLC
- 2. The name and address of the registered agent and office is:

Earl Wayne Cheney (Name)

2704 State Street (P.O. Box not acceptable)

Immokalee, Florida 34142 (City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.