

Florida Department of State

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FLORIDA LIMITED LIABILITY CO. LAKE WALES CITRUS NURSERY, LLC

Certificate of Status	0
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Electronic Filing Menu

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Help

4/8/2010 1:32:33 PM PAGE

2/004 Fax Server

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FAX AUDIT NO.: 117 0000079972 3

ARTICLES OF ORGANIZATION OF LAKE WALES CITRUS NURSERY, LLC

ARTICLE I-NAME

The name 'of the limited liability company shall be LAKE WALES CITRUS NURSERY, LLC (the "Company").

ARTICLE II-STREET ADDRESS

The street address of the principal office of the Company is:

2525 Harbor Boulevard, Suite 2018 Port Charlotte, Florida 33952

ARTICLE III-MAILING ADDRESS

The mailing address of the principal office of the Company is:

P.O. Box 51-1186 Punta Gorda, Florida 33951-1188

ARTICLE IV-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE V-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

Name

<u>Address</u>

MICHAEL R. METYK

2525 Harbor Boulevard, Suite 201B Port Charlotte, Florida 33952

ARTICLE VI-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be

FAX AUDIT NO.: H10000079972 3

4/8/2010 1:32:33 PM PAGE

3/004 Fax Server

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organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VII-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the 'Manager') and is, therefore, a manager-managed company. The following are the names and addresses of the initial Managers who shall serve as the Managers of the Company until their successors are elected and qualified:

Name	Address
RICHARD H. WORCH, JR.	P.O. Box 51-1186 Punta Gorda, Florida 33951-1186
MICHAELIR. METYK	P.O. Box 51-1186 Punta Gorda, Florida 33951-1186
LOUIS L GATLIN	P.O. Box 51-1186 Punta Gorda, Florida 33951-1186

ARTICLE VIILOPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

> MICHAEL R. METYK Authorized Representative

FAX AUDIT NO.: H

H10000079972 3

4/8/2010 1:32:33 PM PAGE 4/004 Fax Server

FILED

2010 APR -8 AM 8: 26

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FAX AUDIT NO.: H10000079972 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- The name of the limited liability company is: LAKE WALES CITRUS NURSERY, LLC.
- 2. The name and address of the registered agent and office is;

Michael R. Metyk 2525 Harbor Boulevard, Suite 201B Port Charlotte, Florida 33952

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.

MICHAEL R. METYK

Registered Agent