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From:

Account Name : CSH BERVICES, LLC

Account Number: 120070000160 Phone: (800)494-3124

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La Nursery de Ona, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

LA NURSERY DE ONA, LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

1685 HWY 64

ZOLFO SPRINGS, FLORIDA 33890

The mailing address of the Limited Liability Company is:

PO BOX 1250

ZOLFO SPRINGS, FLORIDA 33890

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ROBERTO ESTRADA 1585 HWY 64

ZOLFO SPRINGS, FLORIDA 33890

Having been named as registered agent to accept service of process for the above stated limited ilability 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.

ROBERTO ESTRADA / Registered Agent's signature

SECRETARY OF STATE TALL AHASSES FROMING

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PAGE 2 LA NURSERY DE ONA, LLC

<u>ARTICLE IV MANAGEMENT</u>

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
ROBERTO ESTRADA
PO BOX 1250
ZOLFO SPRINGS, FLORIDA 33890

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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.

ROBERTO ESTRADA