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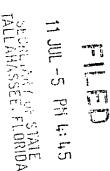
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EFFECTIVE DATE 7-1-11



B. BOSTICK

JUL - 6 2011

EXAMINER

COVER LETTER'

Division of Corporations
SUBJECT: SD Landscape ! Nursery LLC 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:
Stefanie Duncan Name of Person
Name of Person
5D Landscape & Nurseny LLC Firm/Company
9545 135 by Street Address
Commando S
Seminole 33774 City/State and Zip Code
Sd lawn and landscape Ceardulnic inct E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stefanie Duncan at (127) 365-1913 Name of Person at (127) Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S125.00 Filing Fee Status S155.00 Filing Fee Status S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Zef61 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	1
(Must end with the words "Limited Liabi	NSERY UC lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9545 135 th Street Seminole, for 33776	9545 135th Street Seminole, Fr 33776
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the	•
Stetanie	Duncan
	dress (P.O. Box <u>NOT</u> acceptable)
	FL 37716
City, St	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as by. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S
10	Ā
Registered Agent's Signal	ture (REQUIRED)
nyyenwiod regult 3 Signat	Sylvania in the sylvania in th
(CONTIN	Lu

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:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Membe	er
MGRM	Sjefanie Duncan 9545 135 m Sheet Semnole, F 37176
MGZ	Colleen Guts 9545 135 M Smeet Seminole, Fr 33776
(Use attachment if necessary)	
•	non the data of filings Turks 1, 7,011 (OPTIONAL)
CLE V: Effective date, if other the	nan the date of filing: <u>July 1, 7011</u> . (OPTIONAL) nust be specific and cannot be more than five business days price
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CLE V: Effective date, if other the effective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with sections an affirmation of a days after the date of filing.)	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true. See information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other the effective date is listed, the date of days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with seconstitutes an affirmation I am aware that any false constitutes a third degree.	member or an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, se information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.)
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\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)