

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : WADE F. JOHNSON, JR., P.A.  
Account Number : I20000000157  
Phone : (407) 859-2388  
Fax Number : (407) 429-3825

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: tim@mctropicals.com

FLORIDA LIMITED LIABILITY CO.  
GREENRIDGE NURSERY, LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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EXAMINER

H12000224310 3

**ARTICLES OF ORGANIZATION  
OF  
GREENRIDGE NURSERY, LLC**

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These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

**ARTICLE I.  
NAME**

The name of this limited liability company is GREENRIDGE NURSERY, LLC. ("Company").

**ARTICLE II.  
COMMENCEMENT OF COMPANY EXISTENCE AND DURATION**

The Company shall exist from the date of filing these Articles with the Department of State and the duration of its existence shall be perpetual.

**ARTICLE III.  
MAILING ADDRESS AND STREET ADDRESS**

The Company's mailing address is 4255 Tidewater Dr, Orlando, FL 32812. The Company's street address is the same.

**ARTICLE IV.  
REGISTERED OFFICE AND AGENT**

The name of the initial registered agent of the Company is Wade F. Johnson, Jr. The street address of the initial registered agent of the Company is 4255 Tidewater Dr, Orlando, FL 32812.

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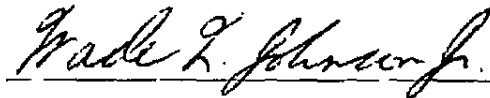
**ARTICLE V.  
INITIAL MANAGERS**

The names and addresses of the initial managers of the Company are Tim Dagg, 2815 Townsgate Rd., Suite 125, Westlake Village, CA 91361; and George Sachinidis, 2815 Townsgate Rd., Suite 125, Westlake Village, CA 91361.

**ARTICLE VI.  
OPERATING AGREEMENT**

The members shall have the power to adopt, alter, amend, or repeal an operating agreement of the Company containing provisions for the operation and management of the affairs of the Company.

The undersigned executed these Articles of Organization effective as of the 10th day of September, 2012.

A handwritten signature in cursive script, reading "Wade F. Johnson, Jr.", is written over a horizontal line.

Wade F. Johnson, Jr.  
Authorized representative

H12000224310 3

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

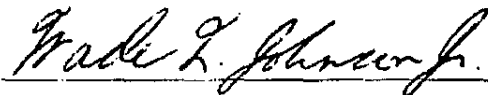
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PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is GREENRIDGE NURSERY, LLC.
2. The name and address of the registered agent and office is Wade F. Johnson, Jr., 4255 Tidewater Dr, Orlando, FL 32812.

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.

Dated this 10th day of September, 2012.



Wade F. Johnson, Jr.  
Registered Agent