

DEC/16/2013 MON 11:54

FAX

P. 001

L13000173279

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H13000274976 3)))



H130002749763ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

EFFECTIVE DATE

1-1-14

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
QUE'MEX NURSERY BROKERS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
13 DEC 16 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 DEC 16 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 17 2013

T. BROWN

EFFECTIVE DATE

1-1-14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

COMPANY

The undersigned incorporate(s), for the purpose of forming a Florida Limited Liability Company pursuant to Chapter 608, Florida Statutes.

ARTICLE I

NAME

The name of the Limited Liability Company is:

QUE'MEX NURSERY BROKERS LLC

ARTICLE II

ADDRESS

The mailing address and physical address of the principal office of the Limited Liability Company is:

**30403 SW 187 PL
HOMESTEAD FL 33033**

ARTICLE III

REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S

SIGNATURE

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

**PROVIDENCIA MARTINEZ
30403 SW 187 PL
HOMESTEAD FL 33033**

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

FILED
13 DEC 16 AM 7:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

position as registered agent as provided for in Chapter 608, F.S.

By: Providencia Martinez
PROVIDENCIA MARTINEZ
Registered Agent

ARTICLE IV

Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title

Name and Address:

MGRM

PROVIDENCIA MARTINEZ
30403 SW 187 PL
HOMESTEAD FL 33033

Providencia Martinez
PROVIDENCIA MARTINEZ

ARTICLE V

Effective date, if other than the date of filing: 01/01/2014

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.

Providencia Martinez
Typed or printed name of signee