

L14000001806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

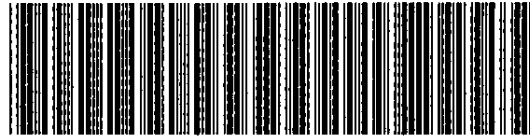
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2014 JAN - 2 AM 11:07  
CLERK OF COURT  
CLERK OF COURT

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Native - Co 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:

**Amanda Jo Cook**

Name of Person

Firm/Company

**1623 S.W. 8th Ct.**

Address

**Okeechobee, FL 34974**

City/State and Zip Code

**nativeconursery@yahoo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Amanda Jo Cook**

Name of Person

**863**

Area Code

**634-2211**

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Native-Co Nursery, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1623 s.w.8th ct.

Okeechobee, FL

34974

1623 s.w.8th ct.

Okeechobee, FL

34974

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

John R. Cook

Name

4114 S.W. 16th St.

Florida street address (P.O. Box **NOT** acceptable)

Okeechobee

FL 34974

City

Zip

*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 as provided for in*

*Chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011 JAN -2 AM 11:07  
STATE OF FLORIDA  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 01-25-2011 BY 60322

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Amanda Jo Cook

1623 s.w. 8th ct.

Okeechobee, Fl 34974

MGR

Matthew Whitford Cook

1623 s.w. 8th ct.

Okeechobee, Fl 34974

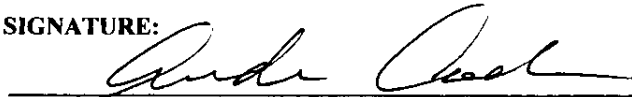
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 1st, 2014 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Amanda Jo Cook

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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RECEIVED  
STATE OF FLORIDA  
DEPARTMENT OF STATE