

MAR-22-2015 03:00 PM

Division of Corporations

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

From:

Account Name : KATZ, BARRON, SQUITERO AND FAUST
Account Number : 072627002473
Phone : (305) 856-2444
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Email Address:

firebratz@comcast.net

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FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
THE FAMILY TREE FARM AND NURSERY, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

E. Burch MAR 24 2015

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I. - Name

The name of the Limited Liability Company is:

THE FAMILY TREE FARM AND NURSERY, LLC

ARTICLE II. - Address

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

Principal Office Address:

18435 Townsend House Rd.
Dade City, FL 33523

Mailing Address:

18435 Townsend House Rd.
Dade City, FL 33523

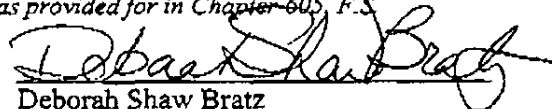
FILED
15 MAR 23 PM 4:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE III. - Registered Agent, Registered Office,
& Registered Agent's Signature**

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

Deborah Shaw Bratz
18435 Townsend House Rd.
Dade City, FL 33523

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.


Deborah Shaw Bratz

ARTICLE IV. - Management

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

Title:

Name and Address:

Manager and Member

Michael E. Bratz
18435 Townsend House Rd.
Dade City, FL 33523

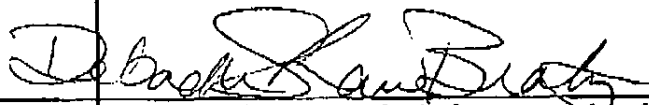
Manager and Member

Deborah Shaw Bratz
18435 Townsend House Rd.
Dade City, FL 33523

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 23 PM 4: 57

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Signature of a member or an authorized representative of a member

Printed Name of Signee: Deborah Shaw Bratz

(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.)