#002 P.001/003

Page 1 of 1

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.

(((H15000177325 3)))



H150001773253ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

ML 22

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : PYLE & DELLINGER, PL.

Account Number : I20000000053 Phone : (386)615-9007

Fax Number : (386)615-9007

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

Email Address: Feather cuttands apes @ api . com

JUL 22 AH 9: 10
CRETARY OF STATE
AHASSEE FLORID

FLORIDA LIMITED LIABILITY CO. Feathercut Nursery & Design Group, LLC

Certificate of Status	0	
Certified Copy	1	
Page Count	01	
Estimated Charge	\$155.00	

Electronic Filing Menu

Corporate Filing Menu

Help

From:

(((H15000177325 3)))

ARTICLES OF ORGANIZATION OF FEATHERCUT NURSERY & DESIGN GROUP, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 605, *Florida Statutes*, hereby executes the following Articles of Organization.

ARTICLE I

The name of the Limited Liability Company is **FEATHERCUT NURSERY & DESIGN GROUP, LLC.**

ARTICLE II ADDRESS

The street address of the principal office of the Company is 115 Pine Tree Drive, Ormond Beach, FL 32174 and the mailing address of the principal office of the Company is P.O. Box 1735, Ormond Beach, FL 32175.

ARTICLE III REGISTERED OFFICE AND AGENT

The name of the Registered Agent is **Joseph M. Tarus** and Florida street address of the registered agent is **115 Pine Tree Drive, Ormond Beach, FL 32174**.

ARII	CLE IA	
MANAG	SEMENT	FAL SE
The Company is managed by a Manage Joseph M. Tarus.	er. The person initially app	pointed as Wanager Is 7
IN WITNESS WHEREOF, the understhese Articles of Organization on this	Igned Authorized Represe lay of July, 2015.	entative has executed
STATE OF FLORIDA COUNTY OF VOLUSIA	Joseph M. Tarus	0 DM O
The foregoing instrument was acknowled by Joseph M. Tarus , who a is personally knowledges or a drivers license or	wn to me, or 🖿 who prese	nted a Florida drivers
MICHAEL A. PYLE MY COMMISSION 9 EE 142952 EXPIRES: December 3, 2015 Bonded Thru Notary Public Underwriters	Notary Public Michael A. Pyle (Printed Name) My Commission Expire	<i>97</i>

From:

07/21/2015 16:08

#002 P.003/003

(((H15000177325 3)))

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 605, Florida Statutes.

Joseph M. Tarus, Registered Agent

15 JUL 22 AH 9: 10