

L15000196795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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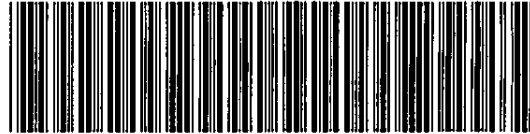
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

11/25/15

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTH MIAMI LANDSCAPE 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:

PATRICK READ

Name of Person

SOUTH MIAMI LANDSCAPE NURSERY LLC.

Firm/Company

14501 SW 216 ST.

Address

MIAMI, FLORIDA 33170

City/State and Zip Code

smln1@yahoo.com

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

For further information concerning this matter, please call:

PATRICK READ at ( 305 ) 252-1116

Name of Person

Area Code

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

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

Street Address

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

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

15 NOV 12 PM 3:43

SOUTH MIAMI LANDSCAPE NURSERY LLC.

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

14501 SW 216 ST.  
MIAMI, FLORIDA 33170

Mailing Address:

14501 SW 216 ST.  
MIAMI, FLORIDA 33170

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:

PATRICK J. READ

Name

22650 SW 147 AVE.

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

MIAMI, FLORIDA 33170

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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

PATRICK READ "AMBR"

22650 SW 147 AVE.  
MIAMI, FLORIDA 33170

GENEVIEVE READ "AMBR"

22650 SW 147 AVE.  
MIAMI, FLORIDA 33170

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/01/2016 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

PATRICK J. READ

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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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA