

# LAZARUS

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.

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : 120080000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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.  
ADDING GREEN NURSERY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

RECEIVED

2018 JUL 20 PM 3:31

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL  
REGISTRATION SERVICES

18 JUL 20 PM 2:12

# 2ND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

**Florida Department of State**  
**Attention: New Filings Section**

To whom it may concern:

This is to advise that the owners of

Adding Green Nursery Corp

of Document # P03000112873

are the same owners of the attached articles.

Thank you for your help in this matter.

Thanks,

Blanca veliz

H18000208073

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

Adding Green Nursery; LLC

**ARTICLE II - Address:**

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

18901 SW 216 Street

Miami, FL 33170

**ARTICLE III - Registered Agent, Registered Office:**

The name and the Florida street address of the registered agent are: *(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.)*

Blanca Veliz

22700 SW 182 Ave

Miami, FL 33170

**ARTICLE IV -**

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

Isael Veliz (AMBR)

Blanca Veliz (AMBR)

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**Required Signatures:**



**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.

Blanca Veliz

**Typed or printed name of signee**

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)**