

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
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From:

Account Name : BARRON & REDDING, P.A.
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Phone : (850) 785-7454
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****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

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**FLORIDA LIMITED LIABILITY CO.
EAST AVENUE NURSERY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR
EAST AVENUE NURSERY, LLC**

**ARTICLE I
NAME**

The name of the limited liability company is **EAST AVENUE NURSERY, LLC**

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the limited liability company are:

Principal Office Address
1934 East Avenue
Panama City, FL 32405

Mailing Address
P.O. Box 700
Lynn Haven, FL 32444

**ARTICLE III
REGISTERED AGENT**

The name and Florida street address of the registered agent is Emory R. Singletary, III, 1509 Maryland Avenue, Lynn Haven, FL 32444.

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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position a registered agent as provided for in Chapter 605, F.S.


Emory R. Singletary

**ARTICLE IV
MANAGEMENT**

The name and address of the Manager is:

Jeffrey R. Singletary
1934 East Avenue
Panama City, FL 32405

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In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Secretary of State constitutes a third degree felony as provided for in Section 817.155, F.S.



Emory R. Singletary, III
Authorized Agent

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