

L22000290865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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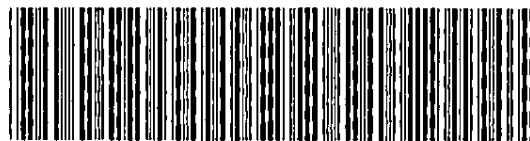
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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LLC

**PLANTS 4 PARTNERS, LLC**

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

(CORPORATE NAME AND DOCUMENT #)

**ADDITIONAL  
INSTRUCTIONS:**

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is:

**PLANTS 4 PARTNERS, LLC**

ARTICLE II - Address:

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

Principal Office Address:

**3979 NW 122 TERR**

**SUNRISE, FL 33323**

Mailing Address:

**3979 NW 122 TERR**

**SUNRISE, FL 33323**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**NICOLE MAAG**

**3979 NW 122 TERR**

**SUNRISE, FL 33323**

*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.*

/S/NICOLE MAAG

Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Members/Managers**

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:

**AMBR**

**NICOLE MAAG  
3979 NW 122 TERR  
SUNRISE, FL 33323**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is June 27, 2022.

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2022 JUN 27 AM 10:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

REQUIRED SIGNATURE:

**/S/NICOLE MAAG**

\_\_\_\_\_  
**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.

**NICOLE MAAG**

\_\_\_\_\_  
Typed or printed name of signee