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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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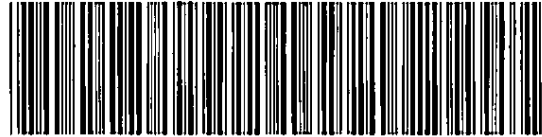
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Heinz Nurseries, 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:

Marion D. Lamb, III

Name of Person

Firm/Company

217 Pinewood Drive

Address

Tallahassee, Florida 32303

City/State and Zip Code

m@lamb-law.com

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

For further information concerning this matter, please call:

Marion D. Lamb, III

850

385-0501

at (_____) _____

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION
FOR
HEINZ NURSERIES, LLC
A FLORIDA LIMITED LIABILITY COMPANY

2022 DEC 13 PM 5:20
DIVISION OF REVENUE
STATE OF FLORIDA

ARTICLE I
Name:

The name of the Limited Liability Company is: HEINZ NURSERIES, LLC

ARTICLE II
Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4140 Bradfordville Road, Tallahassee, Florida 32309.

ARTICLE III
Effective Date and Duration:

The Effective Date shall be December 13, 2022 and the period of duration for the Limited Liability Company shall be for a term of 50 years from the date of filing of these articles of Organization unless sooner terminated in accordance with the Company's regulations or by unanimous written agreement of all members of the Company.

ARTICLE IV
Purpose:

The Company is authorized to engage in any activity or business now or hereafter authorized by Florida law.

ARTICLE V
Management:

The Limited Liability Company is to be managed by a manager elected by the members in accordance with the Company's regulations and is a manager managed Company, and the name and address of the initial manager is: Nicole Marie Smith, 4140 Bradfordville Road, Tallahassee, Florida 32309.

ARTICLE VI
Admission of Additional Members:

Except as specifically provided in an operating agreement executed by all members, no member may sell, transfer, pledge or hypothecate in any manner his, her, or its ownership interest in the Company (except for a transfer to an existing Member), unless all of the other Members of the Company (other than the Member proposing to sell, transfer, or dispose of his, her, or its ownership interest) approve of such proposed transfer or assignment of any Member's interest in the Company by unanimous written consent. Without such consent, a transferee of such membership interest shall have no right to participate in the management of the business and affairs of the Company or to become a substitute Member. The transferee shall be entitled to receive only the share of profits or other compensation by way of income and the return of contributions to which the transferee Member otherwise would be entitled.

ARTICLE VII
Members Rights to Continue Business:

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or upon the occurrence of any other event which terminates the continued membership of a Member in the Company, the business of the Company shall be continued and the Company shall not be dissolved without the prior written consent of all remaining Members of the Company.


NICOLE MARIE SMITH

(In accordance with section 605.0201, Florida Statutes, the execution of this Affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE DESIGNATING REGISTERED OFFICE
AND REGISTERED AGENT**

In compliance with Section 605.0201, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the state of Florida.

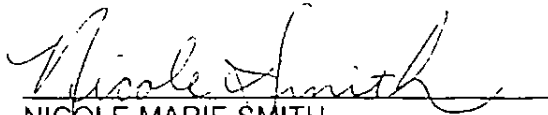
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AM 5:20
STATE
OF FLORIDA
CORPORATION

1. The name and the Florida street address of the registered agent is:

Nicole Marie Smith
4140 Bradfordville Road
Tallahassee, Florida 32309

ACKNOWLEDGMENT:

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 Florida Statutes.


NICOLE MARIE SMITH
Registered Agent
Dated: December 13, 2022

NOV 13 11 50 AM
TALLAHASSEE
FLORIDA