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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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. FARM DEPOT NURSERY, LLC

| Certificate of Status | 1 |
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T.J.H 1/24/24

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5.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| TOMPANY | |
|--|----------|
| AKIICLE L. Nome | |
| The name of the Limited Liability Company is: | |
| tarm Depot Nursery 111 | |
| ARTICLER | |
| The mailing address and street address of the principal office of the Limited Liability | |
| 101425 Overseas than | |
| #66 | |
| | |
| Key largo, fl 33037 | |
| ARTICLE III - Registered Agent, Registered Office: | |
| The name and the Florida street address of the registered agent are: (The Limited inhibiting with an active Florida registration.) | |
| | |
| 101425 Oversen 11 De Carcho | |
| 101425 Overseas Hwy #66 | |
| Key large fl 3307 | |
| ARTICLE IV | |
| The name and title of each person | |
| The name and title of each person authorized to manage and control the Limited | |
| JONOL OSCAY GONZALOZ O | |
| TO COVOLO LANGER | ı |
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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 ci 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.

Ge Oscar Conzalez Percz Ce Corcho
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 cell 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)