

L95000000422

Lindsay
~~William~~ Williams
(Registrant's Name)
1343 Tennessee St
(Address)
Tallahassee FL 32308
(City, State, Zip) (Phone #)

OFFICE USE ONLY

ANNON1508088
-06/08/95--01110--025
****997.50 ****997.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Traumbaus, L.C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____

☒ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

NANCY HENDRICKS JUN - 6 1995

Examiner's Initials

ARTICLES OF ORGANIZATION
OF
TRAUMHAUS, L.C.

FILED
95 JUL -9 PM 2:07
SEC
REC-1

The undersigned natural person, of legal age, acting as a member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name

The name of this Limited Liability Company shall be TRAUMHAUS, L.C.

ARTICLE II

Principal Place of Business and Mailing Address

The principal place of business and mailing address of the Limited Liability Company shall be 5680 Sabal Palm Lane, Punta Gorda, Florida 33950.

ARTICLE III

Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

ARTICLE IV

Management

The Limited Liability Company is to be managed by its members. The names and addresses of the managing members are:

Name

Address

Claude H. "Jim" Collier

5680 Sabal Palm Lane
Punta Gorda, FL 33950

Sylvia Kucera

Schuttelstrabe 19B A1020
Vienna, Austria

ARTICLE V

Admission of Additional Members

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VI

Members - Rights to Continue Business

The members of the Limited Liability Company may not continue the business of the Limited Liability Company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member.

ARTICLE VII

Transfer of Member's Interest

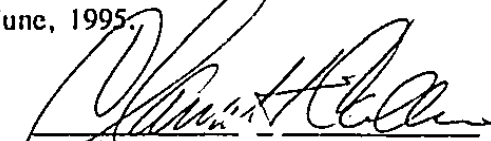
The transfer of any member's interest in the Limited Liability Company, whether to an existing member or a non-member, requires unanimous approval of all members of the Limited Liability Company.

ARTICLE VII

Name and Address of Registered Agent


The name and address of the Registered Agent of the Limited Liability Company shall be Claude H. "Jim" Collier, and his address is 66-80 Sabal Palm Lane, Punta Gorda, Florida 33950.

IN WITNESS WHEREOF, the undersigned, being a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 5th day of June, 1995.


Member

State of Florida
County of Charlotte

The foregoing Articles of Organization were acknowledged before me this 5 day of June, 1995, by Claude H. "Jim" Collier.



Notary Public



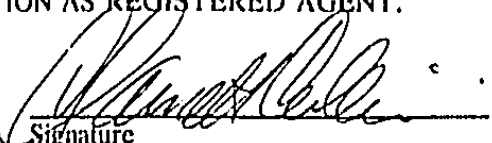
**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the limited liability company is Traumhaus, L.C.
2. The name and address of the registered agent and office is:

Claude H. "Jim" Collier
5680 Sabal Palm Lane
Punta Gorda, Florida 33950

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 OF 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.



Signature

Date 6/5/95

State of Florida
County of Charlottesville

The foregoing Certificate of Designation of Registered Agent / Office was acknowledged before me this 5th day of June, 1995, by Claude H. "Jim" Collier.



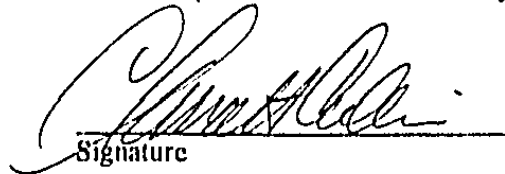
Notary Public



**AFFIDAVIT OF MEMBERSHIP
AND CONTRIBUTIONS**

The undersigned member of Traumhaus, L.C., deposes and says:

1. The above-named limited liability company has at least two (2) members.
2. The total amount of cash contributed by the members as of today's date is \$337.50.
3. The total amount of cash, property or services anticipated to be contributed by members is \$ 20,000.


Signature

6/5/95
Date

State of Florida
County of Charlotte

The foregoing Affidavit of Membership and Contributions was acknowledged before me this 5th day of June, 1995, by Claude H. "Jim" Collier.


Notary Public



FILE NOW: Fee after May 1, will be \$263.75

FILING FEE		Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee	
\$ 230.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L95000000422	
TRAUMHAUS, L.C. 5680 SABAL PALM LANE PUNTA GORDA FL 33950		1a. Principal Place of Business Address 5680 SABAL PALM LANE PUNTA GORDA FL 33950	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
Same			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Organized or Qualified		3a. State of Formation	
06/06/1995		FL	
4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
65-0596810			
5. Date of Last Report		6. Certificate of Status Desired	
		<input checked="" type="checkbox"/> Add'l Certificate of Status Required	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
COLLIER, CLAUDE "JIM" H 5680 SABAL PALM LANE PUNTA GORDA FL 33950		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE		DATE	
(Registered Agent Accepting Appointment) (If 311 Registered Agent signature required when reappointing)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	COLLIER, CLAUDE "JIM"	5680 SABAL PALM LANE	PUNTA GORDA FL
MGRM	KUCERA, SYLVIA	SCHUTTELSTRABE 19B A1020	VIENNA, AUSTRIA
		96-Cust 2/19/96	700001719747 -02/20/96--01117--022 ****238.75 ****238.75 700001719747 -02/20/96--01117--023 *****8.75 *****8.75
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE		Claude H. Collier 2/6/96 941-575-6778	
		DAYTIME PHONE #	

L95000000422

Tara Collier

Requestor's Name

28411 Morningside Drive

Address

Tallahassee, FL 32301

City/State/Zip

Phone #

(904) 656-3842

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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700002090007--5
-02/17/97--01163--008
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☐ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

97 FEB 12 PM 1:49
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

L.L.C.
Name Change
w/ Amendment
2/12/97

**CERTIFICATE OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRAUMHAUS, L.C.
(Present Name)
(A Florida Limited Liability Company)

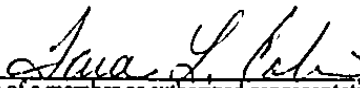
FIRST: The date of filing of the articles of organization was JUNE 6, 1995

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

* SEE ATTACHED AMENDMENTS TO ARTICLES.

FILED
97 FEB 12 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated FEBRUARY 12, 1997.



Signature of a member or authorized representative of a member

TARA L. COLLIER
Typed or printed name of person signing

AMENDMENT TO:
(highlighted text indicates change)
ARTICLES OF ORGANIZATION
OF
THE WILLOWS NURSERY, L.C.

The undersigned natural person of legal age, acting as member under the provisions of Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I

Name

The name of this Limited Liability Company shall be **The Willows Nursery, L.C.**

ARTICLE II

Nature of Business

To engage in the business of research and development of tree and plant material production for growers within the Agricultural and Landscaping Industries.

ARTICLE III

Principle Place of Business and Mailing Address

The principle place of business and mailing address of the Limited Liability Company shall be 5680 Sabal Palm Lane, Punta Gorda, Florida, 33982.

ARTICLE IV

Duration

The period of duration for the Limited Liability Company shall be perpetual, unless terminated by other provisions of these Articles of Organization.

ARTICLE V

Management

The Limited Liability Company is to be managed by its members. The names and addresses of the managing members are:

<u>Name</u>	<u>Address</u>
Claude H. "Jim" Collier	5680 Sabal Palm Lane Punta Gorda, Florida 33982
Karen M. Collier	5680 Sabal Palm Lane Punta Gorda, Florida 33982
Tara L. Collier	2844 Morningside Drive Tallahassee, Florida 32301
Dale H. Collier	1414 Lake Highland Drive Orlando, Florida 32853

ARTICLE VI

Admission of Additional Members

Members of the Limited Liability Company may admit additional members, but only upon the unanimous approval of the existing members of the Limited Liability Company.

ARTICLE VII

Members - Rights to Continue Business

The members of the Limited Liability Company may continue the business of the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member.

ARTICLE VIII

Transfer of Member's Interest

The transfer of any member's interest in the Limited Liability Company is not transferable.

ARTICLE IX

Name and Address of Registered Agent

The name and address of the Registered Agent of the Limited Liability Company shall be Claude H. "Jim" Collier, whose address is 5680 Sabal Palm Lane, Punta Gorda, Florida, 33982.

IN WITNESS WHEREOF, the undersigned, being a member of this Limited Liability Company, executes these Articles of Organization and certifies to the truth of the facts herein stated in the State of Florida, this 12th day of February, 1997.

Tara L. Collier
MEMBER:

TARA L. COLLIER
PRINT MEMBER NAME:

STATE OF FLORIDA
COUNTY OF LEON

The foregoing Articles of Organization were acknowledged before me this 12th day of February, 1997, by Tara L. Collier, who is personally known to me.

Sandra S. Harrison
NOTARY PUBLIC
SANDRA S. HARRISON

My Commission Expires:



Sandra S. Harrison
MY COMMISSION # CG594496 EXPIRES
October 20, 2000
BONDED THRU TROY FARM INSURANCE, INC.

AMENDMENT TO:
(highlighted text indicates change)

**CERTIFICATE OF DESIGNATION
OF REGISTERED AGENT/OFFICE**

1. The name of the Limited Liability Company is **The Willows Nursery, L.C.**
2. The name and address of the registered agent and office is:

Claude H. "Jim" Collier
5680 Sabal Palm Lane
Punta Gorda, Florida 33982