# 20000190U

# **Document Number Only**

CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I -- Name

The name of the Limited Liability Company is GECKO NURSERIES, L.L.C.

# **ARTICLE II -- Address**

The mailing address and, if different the street address of the principal office of the Limited Liability Company is 8900 Phillips Highway, Jacksonville, Florida, 32256.

### **ARTICLE III -- Duration**

The period of duration for the Limited Liability Company shall be: a perpetual existence.

# ARTICLE IV -- Management

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is Michael Baker, 2545 Oak Street, Apartment 18, Jacksonville, Florida, 32256.

# ARTICLE V -- Registered Agent

The name and street address of the initial registered agent is Michael Baker, 8900 Phillips Highway, Jacksonville, Florida 32256.

# ARTICLE VI -- Registered Office

The street address of the initial registered office of the Limited Liability Company is 8900 Phillips Highway, Jacksonville, Florida 32256.

# ARTICLE VII -- Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be that the green remaining members shall be entitled to continue the business following the occurrence of any of the aforementioned events.  $\frac{4/2/99}{Date}$ Ted P. Roberts, Member

#### REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated to this certificate pursuant to the provisions of section 608.415, Florida Statutes, 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.

Date

H/2/99

Muchael Baker, Manager and President

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of GECKO NURSERIES, L.L.C. deposes and says:

- 1. The above-named limited liability company has at least two members.
- 2. The total amount of cash contributed by the members is  $$2\overline{0},000.00$ .
- 3. If any, the agreed value of property other than cash contributed by members is \$ N/A . A description of the property is attached and made a part hereto.
- 4. The total amount of cash or property anticipated to be contributed by members is \$30,000.00. This total includes amounts from 2 and 3 above.

STATE OF OHIO )
SS:
COUNTY OF LUCAS)

Sworn to before me and subscribed in my presence this day of April 1999.

**NOTARY PUBLIC** 

BRIAN J. HOCH, ATTORNEY AT LAW.
Notary Public, State of Ohio
My commission has no expiration data