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Certified Copies	_ Certificates	of Status
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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

	ACCOUNT FILING COVER SHEET	20 P M
Account Number	FCA00000017	12 T
Reference: (Sub Account)		SEE PE
Date:	11/12/04	BEE 68
Requestor Name:	Carlton Fields	7
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 224-1585	
Contact Name:	Kim Pullen, CLA (ext. 5261)	
Corporation Name:	Blended Mulc	ha More, LLC
Entity Number:	1	
Authorization:	Kim July	len
Certified Copy New Filings	Plain Stamped Copy	Certificate of Status
Fictitious Name	Amendments	 Registration
		
(X) Call When Ready	(X) Call if Problem	() After 4:30
(X) Walk In	() Will Wait	(X) Pick Up
CF Internal Use Only Client: 48573 Name Linear	Matter: 16748 Office: TAC	

TAL#501656.1

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	20 70
Reference: (Sub Account)	<u> </u>	F. 7. 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Date:	11/12/04	
Requestor Name:	Carlton Fields	
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	
Telephone:	(850) 224-1585	
Contact Name:	Kim Pullen, CLA (ext. 5261)	
Corporation Name:	Blended Mule	ha More, LLC
Entity Number: Authorization:	Vin Pul	Len-
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration
(X) Call When Ready	(X) Call if Problem	() After 4:30
(X)Walk In	() Will Wait	(X) Pick Up
CF Internal Use Only Client: 48573	Matter: 16748	

Name Pancy Linnan Office: TAZ

TRANSMITTAL LETTER

CLAMASSEE FINALE

TO:

Registration Section Division of Corporations

SUBJECT: BLENDED MULCH & MORE, LLC

(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

KIM PULLER	N, CLA
	(Name of Person)
CARLTON FIELDS, P.A.	
	(Firm/Company)
215 SOUTH MONROE STREET	T, SUITE 500
	(Address)
TALLAHASSEE, FLORIC	OA 32301
	(City/State and Zip Code)
For further information concerning this m	atter, please call:
KIM PULLEN	at (850) 224-1585
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
409 E. Gaines Street	P.O. Box 6327
Tallahassee, Florida 32399	Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
□ \$125.00 Filing Fee □ \$130.00 Fili Cer	ng Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate tificate of Status Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608508, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1 BLENDED MUL	CH & MORE, LLC	۰.	A STATE OF THE PARTY OF THE PAR
	(Name of Foreign Limited	Lia	ability Company)
2. GEORGIA (Jurisdiction under company is organ)	or the law of which foreign limited liability ized)		20-1755652 (FEI number, if applicable)
4. <u>10/18/04</u> (D	ate of Organization)	5.	PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual")
5. <u>n/a</u> 7. 110 NORTH DO	(Date first transacted business in I (See sections 608.501 & 608.502 F. OGWOOD DRIVE, NASHVILLE, GEOR	S. t	o determine penalty liability)
3. If limited liab	(Street Addres		Principal Office)
	l usual business addresses of the ma	_	ging members or managers are as follows:
hejurisdiction under ranslation of the cert	the law of which it is organized. (A photoco ificate under oath of the translator must be suit siness or purposes to be conducted	ypy i bimi	ys old, duly authenticated by the official having custody of records is not acceptable. If the certificate is in a foreign language, a tted.) promoted in Florida: WHOLESALE AND RETAIL
SALES OF MUI	(In accordance with section 608.408(3), an affirmation under the penalties of pe	F.S.	norized representative of a member, the execution of this document constitutes y that the facts stated herein are true.)
	STEVE CONNER Typed or printe	d r	name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1.	1. The name of the Limited Liability Company is:				
BL	LENDED MULCH & MORE, LLC				
2.	The name and the Florida street address of the registered agent and office are:				
	PAUL M. HARDEN				
	(Name)				
	1301 RIVERPLACE BOULEVARD, SUITE 2601				
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	JACKSONVILLE FL 32207				
	City/State/Zip				

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 608, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 0460949
DATE INC/AUTH/FILED: 10/18/2004
JURISDICTION : GEORGIA
PRINT DATE : 11/08/2004
FORM NUMBER : 211

MOORE & STUDSTILL, P.C. DANIEL STUDSTILL P.O. BOX 647 NASHVILLE, GA 31639

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that as of the above print date

BLENDED MULCH & MORE, LLC A GEORGIA LIMITED LIABILITY COMPANY

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date and has not filed articles of dissolution, certificate of cancellation or any other similar document with the Office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the print date above. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

20041108140402162



Cathy Cox Secretary of State