Florida Department of State

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To:

Division of Corporations

From: Account Name: AKERMAN, SENTERFITT & EIDSON, P.A. Account Number: 075471001363 Phone: (305)374-5600 Fax Number: (305)374-5095 FLORIDA/FOREIGN LIMITED LIABILITY CO.

SK/KERRY'S LLC

| Certificate of Status | |
|-----------------------|----------|
| Certified Copy | |
| Page Count | 1 02 |
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| | SKÆFRRY | 'S LLC | | |
|---|---|-------------------------|--|--|
| | (Name of foreign limi | | ty company) | |
| | | _ | ma speaker | |
| • | Delaware (Jurisdiction under the law of which foreign limited liability company is organized) | . 1 - | 20-4886497 (Ff:I muniber, if applicable) | |
| • | May 12, 2006 (Date of Organization) | ž | (Duration: Year limited liability company will cease to exist or "perpennal"). | |
| | (Date first transacted business in Florida. (See | ALTFICAT sections 6 | TION 08,501, 6708,502, and 817,155, F.S.) | |
| | 21840 S.W. 258th Spreet, Floriestead, Florida 33031 (Street address of principal office) | | | |
| | Limited liability company is manager-managed. | | | |
| | The name and usual business addresses of the managing members or managers are as follows: | | | |
| | Kenry's Bromeljad Nursery, Inc., 21840 S.W. 258 th Street, Homest | Managing gad. Florid | 3 Member 1a 33031 | |
| | Attached is an original octificate of existence, no more its records in the imisdiction under the law of which it is organized in the imisdiction of the cashicate under each | nized (A | photocopy is not acceptable. If the certificate is in a | |
| | Nature of husiness or purposes to be conducted or promote State of Florida | d in Florid | Islator than be submitted.) Is: Any lawful business committed by the law of the | |
| | | | ω · | |
| | Signature of an authorized represer (In accordance with section 608.40 document constitutes an affirmation | 8(3), F.S., | nember. the execution of this | |

Title: Member, Vice President, Chief Financial Officer
Typed or printed name of signee

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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. | The name of the Limited Liability Company is: | | |
|------------|---|--|--|
| | SK/KERRY'S LLC | | |
| 2 . | The name and the Florida street address of the registered agent and office age: | | |
| | KERRY'S BROMFLIAD NURSERY, INC. | | |
| | 21840 S.W. 258 th Sercet Florids speet address (P.O. Box NOT ACCEPTABLE) | | |
| | Homestrad, PL 33031 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, F.S.

KERRY'S BROMELIAD NURSERY, INC.,

Name: Michele G. Lee
Title: Vice President, Chief Financial Officer

Registered Agent

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SK/KERRY'S LLC" IS DILLY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF MAY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SK/KERRY'S LLC" WAS FORMED ON THE TWELFTH DAY OF MAY, A.D. 2006.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

SECRETARY OF STATE OF



4157969 8300 060473668 Warriet Smith Windson Ferrerary of States

AUTHENTICATION: 4755936

DATE: 05-18-06