(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2012

HOLLIS CHEEK P.O. BOX 1138 KOSCIUSKO, MS 39090

SUBJECT: SUSTAINABLE NATIVE PLANTS, LLC

Ref. Number: W12000043661

We have received your document for SUSTAINABLE NATIVE PLANTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call ও (৪50) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 212A00021548

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: Sustainable Native Plants, LLC							
Name of Limited Liability Company							
The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida Existence, and check are submitted to register the above referenced foreign limited liability company to transact business."							
Please return all correspondence concerning this matter to the following:							
Hollis Cheek							
Name of Person							
Sustainable Native Plants, LLC							
Firm/Company							
P.O. Box 1138							
Address							
Kosciusko, MS 39090							
City/State and Zip Code							
hcheek@jccheek.com	~						
E-mail address: (to be used for future annual report notification)	ZH 62						
For further information concerning this matter, please call:							
Emma Ivester at (662) 289-1631	27 1	["- 1"77					
Name of Person Area Code & Daytime Telephone Number	⊤æ ē ⇔	g e l					
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	<u>్లు</u> ఆ						
Enclosed is a check for the following amount: \$\int_{125.00}\$ \text{Filing Fee} \text{Fee} \text{\$\subseteq} \text{\$\subsetence{1}}\$ \text{\$\subseteq} \tex							

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN I IMITED LIARII ITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

1. Sustainable Na (Name of Foreign		includ	e "Limited Liability Company," "L.L.C.," or "LLC.")	
	or managing members adopting the		e of transacting business in Florida and attach a copy of the nate name. The alternate name must include "Limited Liabil	
2. Alabama			45-2962558	
(Jurisdiction under the company is organized)	e law of which foreign limited liabile)	ity	(FEI number, if applicable)	
4. 08/04/2011		5.	perpetual	
	of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")	
6				
	(Date first transacted business in (See sections 608.501 & 608.502	n Floi F.S.	ida, if prior to registration.) to determine penalty liability)	
7. 2087 Attala R	oad #5257, Kosciusko, I	MS	39090 (Main Office)	
4225 State Hwy	y 180 Gulf Shores, AL 365		(Plant Farm)	
	(Street Add	ress o		
8. If limited liability	company is a manager-mana	ged o		3 1
9. The name and usu	al business addresses of the n	nana	ging members or managers are as follows:	77
Member - HOR	AN LP, P.O. Box 1138 Ko	sciu)
Member- J.L.	J. Oil & Gas and Dev. L	LC.	319 Belleville Ave., Brewton, AL 36426	
Member- Dal	e Thompson, 107 Lak	ewo	ood Drive, Evergreen Al 36401	
the jurisdiction under the l	· · · · · · · · · · · · · · · · · · ·	сору	rys old, duly authenticated by the official having custody of recision a foreign language, a itted.)	ords ii
11. Nature of busine	ess or purposes to be conducte	d or	promoted in Florida:	
Sus	stainable N	97	ive Plants, LLC	
			·	
	Signature of a member or an	aut	norized representative of a member.	

(In accordance with section 608.408(3), F.S., the execution of 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.)

Hollis Cheek

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:	
Sustainable Native Plants, LLC	
If unavailable, the alternate to be used in the state of	of Florida is:
2. The name and the Florida street address of the r	registered agent and office are:
NRAI Services, Inc.	
(Na	ame)
515 E. Park Avenue	
Florida Street Address (P.O	D. Box NOT ACCEPTABLE)
Tallahassee	FL 32301
Having been named as registered agent and to accept liability company at the place designated in this cert agent and agree to act in this capacity. I further agriculating to the proper and complete performance of obligations of my position as registered agent as pro	ificate, I hereby accept the appointment as registered ree to comply with the provisions of all statutes my duties, and I am familiar with and accept the

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

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Sustainable Native Plants, LLC was formed in Escambia County, Alabama on August 4, 2011. The Alabama Entity Identification number for this entity is 021-640. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20120817000004130

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

8/17/2012

Date

Beth Chapman

Beth Chapman

Secretary of State