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B. BOSTICK MAR - 7 2013 EXAMINER CR2E027 (9/10)

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT: Sapphire Nurseries, 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:

Enclosed is a check for the following amount:

□ \$130.00 Filing Fee &

Certificate of Status

□ \$125.00 Filing Fee

Stephanie Melfi				
	Name of Person			
Vecellio Group,	Inc.			
	Firm/Company			
101 Sansbury's	Way			
	Address			
West Palm Bea	ch, FL 33411	1, ·		
	City/State and Zip Code		س حد	
doug.smith@ve	celliogroup.com		KAR-	-11
E-mail address: (	to be used for future annual report notification)	SET.	Ġ	e e e e
For further information concerning this matter, please	se call:		PH	
Robert D. Smith	_ <sub>at</sub> 561 784-3553	CORIDA	ယ္ <b>5</b> 3	
Name of Person	Area Code & Daytime Telephone Number	>		
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			

□ \$155.00 Filing Fee &

Certified Copy

■ \$160.00 Filing Fee, Certificate

of Status & Certified Copy

## 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 LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Sannhire Nurseries II C	
1. Sapphire Nurseries, LLC  (Name of Foreign Limited Liability Company; must inc	lude "Limited Liability Company," "L.L.C.," or "LLC.")
consent of the managers or managing members adopting the al	oose of transacting business in Florida and attach a copy of the written ternate name. The alternate name must include "Limited Liability
Company," "L.L.C," "LLC.")	NI/A
2. Delaware (Jurisdiction under the law of which foreign limited liability	3. N/A (FEI number, if applicable)
company is organized)	Parnetual
4. 12/15/2008 (Date of Organization)	5. Perpetual  (Duration: Year limited liability company will cease to exist or "perpetual")
6.	
(Date first transacted business in I (See sections 608.501 & 608.502 F	Florida, if prior to registration.) S. to determine penalty liability)
7	₩
101 Sansbury's Way, West Palm E	Beach, FL 33411
	ss of Principal Office)
8. If limited liability company is a manager-manage	ed company, check here
9. The name and usual business addresses of the ma	المنافع
	Vay, West Palm Beach, FL عُعُمُ الْمُعَامِدُ الْمُعَامِدِينَ الْمُعَامِدِينَ الْمُعَامِدِينَ الْمُعَامِدِينَ ا
Ctoprianio moni, i.e. Canosary C.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	90 days old, duly authenticated by the official having custody of records in
the jurisdiction under the law of which it is organized. (A photo translation of the certificate under oath of the translator must be s	copy is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted	
. Nature of business of purposes to be conducted	f
Atamana	Moch
Signature of a member or an	authorized representative of a member.
(In accordance with section 608,408(3), F.S., the ex	xecution of this document constitutes an affirmation under the true. I am aware that any false information submitted in a
document to the Department of State constitu	ites a third degree felony as provided for in s.817.155, F.S.)
Stephanie Melfi	

Typed or printed 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.	The na	ame of the	Limited	Liability	Company	is:
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#### Sapphire Nurseries, LLC

If unavailable, the alternate to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Stephanie Melfi				
(Name)		131 FALL		
101 Sansbury's Wa	y	T T		
Florida Street Address (P.	O. Box NOT ACCEPTABLE)	78 6 M		
West Palm Beach	<sub>FL</sub> 33411			
City	y/State/Zip	Ribu St		

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)

## Delaware 1998

DAGE 1

### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "SAPPHIRE NURSERIES LLC" IS DULY
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 EIGHTH DAY OF FEBRUARY, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SAPPHIRE NURSERIES LLC" WAS FORMED ON THE FIFTEENTH DAY OF DECEMBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

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AUTHENTICATION: 0204907

DATE: 02-08-13

You may verify this certificate online at corp. delaware.gov/authver.shtml



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 26, 2013

STEPHANIE MELFI 101 SANSBURY'S WAY WEST PALM BEACH, FL 33411

SUBJECT: SAPPHIRE NURSERIES, LLC

Ref. Number: W13000011499



We have received your document for SAPPHIRE NURSERIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 913A00004582