

L06000086448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

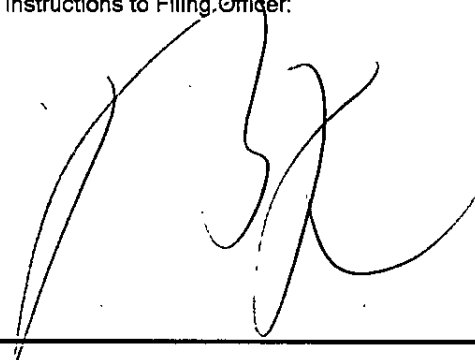
PICK-UP WAIT MAIL

(Business Entity Name)

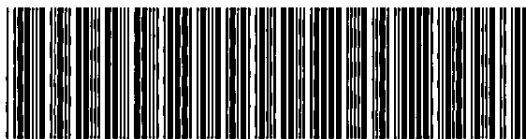
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09/05/06--01003--004 **155.00

FILED
06 SEP - 1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 SEP - 1 PM 3:48
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO
DATE: 09/01/2006
REF. #: 000150.56816
CORP. NAME: FANTASY FARMS, LLC

FILED
06 SEP - 1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 518346 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$ _____

PLEASE RETURN:

- CERTIFIED COPY CERTIFICATE OF GOOD STANDING PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
FANTASY FARMS, LLC
a Florida limited liability company**

FILED
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TALLAHASSEE FLORIDA

1. The name of this limited liability company is **FANTASY FARMS, LLC** (the "Company").
2. The Company is being formed for the following purposes:
 - a. To engage in any and all lawful business or activity permitted under the laws of the United States and the State of Florida.
 - b. To generally have and exercise all powers, rights and privileges necessary and incident to carrying out properly the objects herein mentioned.
 - c. To do anything and everything necessary, suitable, convenient or proper for the accomplishment of any of the purposes or the attainment of any or all of the objects hereinbefore enumerated or incidental to the purposes and powers of the limited liability company or which at any time appear conducive thereto or expedient.

This Company shall have all of the powers enumerated in the Florida Limited Liability Company Act, as amended from time to time.

3. The principal place of business, street address and the mailing address of the Company is:

1760 NW 96th Avenue
Miami FL 33172

4. The name and street address of the registered agent of the Company is:

Daniel Sabogal
1760 NW 96th Avenue
Miami FL 33172

5. The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 31st day of August 2006.

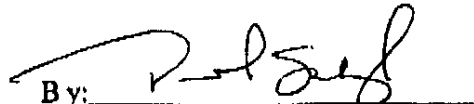
By: _____

Print Name: **Daniel Sabogal**

Print Title: **Authorized Representative**

ACKNOWLEDGMENT OF REGISTERED AGENT

The undersigned, having been appointed as Registered Agent for **Fantasy Farms, LLC**, at the place designated in the Articles of Organization of **Fantasy Farms, LLC**, hereby agrees to act in such capacity and to comply with the provisions of law in relation thereto. The undersigned is familiar with, and accepts, the obligations of a Registered Agent under the Florida Limited Liability Company Act.

By: 
Daniel Sabogal