

LOG 0000 28430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

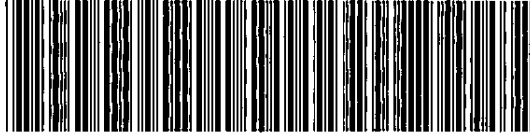
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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03/12/09--01007--004 \*\*150.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAR 24 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2009

JOSEPH NAGEL  
6100 LAKE FORREST DRIVE, SUITE 300  
ATLANTA, GA 30328

SUBJECT: POND RIVER FARMS, L.L.C.  
Ref. Number: W09000011988

We have received your document for POND RIVER FARMS, L.L.C. and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 809A00008699

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**HOFFMAN & ASSOCIATES,  
ATTORNEYS-AT-LAW, L.L.C.**

6100 LAKE FORREST DRIVE  
SUITE 300  
ATLANTA, GEORGIA 30328  
(404) 255-7400  
(404) 255-7480 (FAX)

March 5, 2009

Florida Department of State  
Corporations Division  
P.O. Box 6327  
Tallahassee, Florida 32314

RE: Pond River Farms, L.L.C.

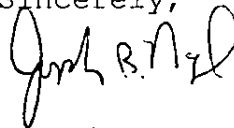
Dear Sir/Madam:

Enclosed please find the following documents for domestication of the above named limited liability company:

1. Cover Letter
2. Certificate of Domestication;
3. Articles of Organization;
4. Check in the amount of \$150.00 covering the fee

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Joseph B. Nagel  
Attorney-at-Law

encs.

Pondriver.dosltr.doc

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pond River Farms, L.L.C.  
(Name of Resulting Florida Limited Company)

The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S.

Please return all correspondence concerning this matter to:

JOSEPH B. NAGEL  
(Contact Person)

HOFFMAN & ASSOCIATES, ATTORNEYS AT LAW, L.L.C.  
(Firm/Company)

6100 LAKE FORREST DRIVE, SUITE 300  
(Address)

ATLANTA, GEORGIA 30328  
(City, State and Zip Code)

For further information concerning this matter, please call:

JOSEPH B. NAGEL at ( 404 ) 255-7400  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)
- \$155.00 Filing Fees and Certificate of Status
- \$180.00 Filing Fees and Certified Copy
- \$185.00 Filing Fees, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

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**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

This Certificate of Conversion **and attached Articles of Organization** are submitted to convert the following **"Other Business Entity"** into a **Florida Limited Liability Company** in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  
POND RIVER FARMS LLC

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LIMITED LIABILITY COMPANY.  
(Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of GEORGIA  
(Enter state, or if a non-U.S. entity, the name of the country)

on APRIL 11, 2008.  
(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

POND RIVER FARMS, L.L.C.

(Enter Name of Florida Limited Liability Company)

5. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is listed therein.)

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Signed this 5<sup>th</sup> day of March 2009.

**Signature of Member or Authorized Representative of Limited Liability Company:**

Signature of Member or Authorized Representative: Joseph B. Nagel  
Printed Name: JOSEPH B. NAGEL Title: AUTHORIZED REPRESENTATIVE

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]**

Signature: Joseph B. Nagel  
Printed Name: JOSEPH B. NAGEL Title: AUTHORIZED REPRESENTATIVE

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Certificate of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

POND RIVER FARMS, L.L.C.

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

359 Moacklel Place  
ST. MARYS, GA 31588

P.O. BOX 6245  
ST. MARYS, GA 31588

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JOHN W. NICHOLS, CPA

Name

1329 KINGSLEY AVE SUITE D  
Florida street address (P.O. Box **NOT** acceptable)

ORANGE PARK FL 32073

City, State, and 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.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

JOSEPH TERRILL STOVER, III \_\_\_\_\_

359 MOECKLEL PLACE \_\_\_\_\_

ST. MARYS, GEORGIA 31588 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_

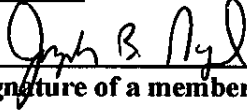
(OPTIONAL)

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND 2)** must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date is listed therein.)

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TALLAHASSEE FLORIDA

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**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOSEPH B. NAGEL, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**