

Apr. 24, 2012, 10:55AM
Division of Corporations

Gray Robinson

N 02

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From: Elaine Jordan

Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
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FLORIDA LIMITED LIABILITY CO.
6M FARMS, LLC

Certificate of Status	0
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Apr. 24. 2012 10:26AM

Gray Robinson

No. 0287 P. 2

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

12 APR 24 AM 9: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I
Name

The name of this Limited Liability Company is:

6M FARMS, LLC

ARTICLE II
Address

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

1800 North Lake Eloise Drive
Winter Haven, FL 33884

ARTICLE III
Management

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the *Operating Regulations of this Limited Liability Company*, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

Name

Street Address

Gerald M. Mixon, Jr.

1800 North Lake Eloise Dr.
Winter Haven, FL 33884

H120001100673

ARTICLE V
Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

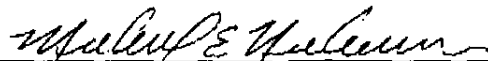
Michael E. Neukamm
GrayRobinson, P.A.
301 E. Pine Street, Suite 1400
Orlando, FL 32801

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment as registered agent and agree 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

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



AUTHORIZED REPRESENTATIVE'S SIGNATURE

MICHAEL E. NEUKAMM, AUTHORIZED REPRESENTATIVE

Type or printed name of signee

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12 APR 24 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$100.00 Filing Fee for Articles of Organization
\$25.00 Designation of Registered Agent
\$30.00 Certified Copy (OPTIONAL)
\$5.00 Certificate of Status (OPTIONAL)

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