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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

JUN 1 2 2012 T. **HAMPTON** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: Berry Good Farms, LL	.C
	ted Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Phil Pologruto	
7 Till T Glogiato	Name of Person
	Firm/Company
15350 Murphy Road	
	Address
Sarasota, Florida 34240	-
1 10 1	ty/State and Zip Code    Con and Com   Com
For further information concerning this matter, pleas	
Phil Pologruto	at ( 941 ) 780-0668
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{130.00 Filing Fee & Certificate of Status}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:
Berry Good Farms, LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
	e principal office of the Limited Liability Company is
•	
Principal Office Address:	Mailing Address:
15350 Murphy Road	15350 Murphy Road
Sarasota, FL 34240	Sarasota, FL 34240
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of the	ne registered agent are:
Phil Pologruto	
Na	me
15350 Murphy I	Road
Florida street	address (P.O. Box NOT acceptable)
Sarasota	<sub>FL</sub> 34240
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)

Page 1 of 2

SECRETARY OF STATE DIVISION OF COMPORATIONS

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing	Name and Address:  g Member		
MGR	Phil Pologruto 15350 Murphy Road Sarasota, Florida 34240	- -	
		- - -	
		- - -	
		- -	
(Use attachment if nec ARTICLE V: Effective date, (If an effective date is listed, t to or 90 days after the date of	if other than the date of filing: (OPTIC he date must be specific and cannot be more than five business	)NAL days	.) prior
REQUIRED SIGNA	TURE:  ature of a member or an authorized representative of a member.		
(In accordanc constitutes ar I am aware th	we with section 608.408(3), Florida Statutes, the execution of this document a affirmation under the penalties of perjury that the facts stated herein are true hat any false information submitted in a document to the Department of State third degree felony as provided for in s.817.155, F.S.)		
	Typed or printed name of signee	12 JUN	SECRE

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)