L03000012910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

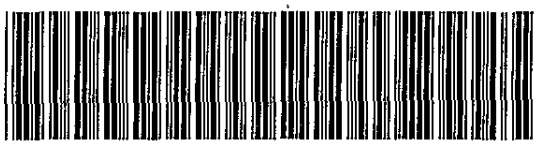
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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1/24/06

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -7 AM 9:51

GIBBONS, COHN, NEUMAN, BELLO, SEGALL & ALLEN
A PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELLORS AT LAW

3321 HENDERSON BOULEVARD
TAMPA, FLORIDA 33609
MAILING ADDRESS:
P. O. BOX 2177
TAMPA, FLORIDA 33601
http://www.gibblaw.com
FAX (813) 877-9290
(813) 877-9222

April 4, 2003

VIA OVERNIGHT MAIL

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR -7 AM 9:51

Re: Falkner Farms, LLC

Dear Sir/Madam:

Enclosed are the following:

1. Original Articles of Organization of Falkner Farms, LLC

2. Our check in the amount of $130.00 to cover the following costs:

Filing Fee	100.00
Registered Agent Fee	25.00
Certificate of Status	5.00

Once filing is completed, please forward the Certificate of Status to this firm.

Thank you for your assistance in this matter.

Sincerely,

Roy W. Cohn

RWC/ms/Cp^
Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

FALKNER FARMS, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

4555 Verna-Bethany Rd., Myakka City, FL 34251

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

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

ROY W. COHN
Name

3321 Henderson Blvd.
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33609
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

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(An additional article must be added if an effective date is requested)

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.)

John Falkner
Typed or printed name of signee

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)