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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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**BROWN & WALDRON**

**ATTORNEYS AT LAW**

**124 NORTH BREVARD AVENUE  
ARCADIA, FLORIDA 34266**

**FILED**

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**FLETCHER BROWN  
EUGENE E. WALDRON, JR.  
SANDRA SANDERS**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
(863) 494-4823  
(863) 494-6790  
E-MAIL brownandwaldron@brownandwaldron.com**

**June 12, 2003**

**Florida Dept. of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314**

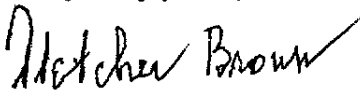
**Re: Swanquarter Produce Packaging and Sales, LLC  
Robert J. Flint**

**Dear Sir or Madam:**

**Please file the enclosed Article of Organization for the Florida Limited Liability Company referenced above. I enclose Creswell Produce check #1800 in the amount of \$125.00 to cover costs incurred.**

**If you should have any questions or need of further information, please do not hesitate to contact me.**

**Very truly yours,**



**Fletcher Brown**

**FB/llq  
Enclosures**

**cc: Robert J. Flint**

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SWANQUARTER PRODUCE PACKAGING AND SALES, LLC

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TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

2634 N.W. FLINT ROAD, ARCADIA, FLORIDA 34266

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

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

FLETCHER BROWN

Name

124 N. BREVARD AVENUE

Florida street address (P.O. Box **NOT** acceptable)

ARCADIA

34266

FL

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.*

*Fletcher Brown*

Registered Agent's Signature

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

*Robert J. Flint*

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.)

ROBERT J. FLINT

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)