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Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : DAVIS, SCHNITKER, REEVES & BROWNING, P.A.
Account Number : I19980000057
Phone : (850) 973-4186
Fax Number : (850) 973-8564

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FULL CIRCLE DAIRY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	06
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TALLAHASSEE, FLORIDA

COVER LETTER

((H16000280103 3))

**TO: Registration Section
Division of Corporations**

SUBJECT: FULL CIRCLE DAIRY,LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALD R. GARLAND

Name of Person

FULL CIRCLE DAIRY, LLC

Firm/Company

1479 SE WINQUEPIN STREET

Address

LEE, FLORIDA 32059

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GERALD R. GARLAND

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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
Tallahassee, FL 32301

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SECOND AMENDED AND RESTATED
ARTICLES OF ORGANIZATION
OF
FULL CIRCLE DAIRY, LLC

The undersigned subscriber to these Articles of Organization, a natural person, competent to contract, hereby executed these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I.

The name of this limited liability company is FULL CIRCLE DAIRY, LLC.

ARTICLE II.

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 1479 SE Winquepin Street, Lee, Florida 32059.

ARTICLE IV.

The name and street address of the registered agent of this limited liability company is GREGORY N. WATTS, 1479 SE Winquepin Street, Lee, Florida 32059.

ARTICLE V.

The only members of this limited liability company are DAMASCUS PBANUT COMPANY, a Georgia corporation, and SWISS HAVEN DAIRY, LLC, a Florida limited liability company.

ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue

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the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

ARTICLE VII.

This limited liability company shall be a manager managed limited liability company and the manager is GERALD GARLAND, who shall have the right and authority to manage this limited liability company.

IN WITNESS WHEREOF, the members have hereunto set their hands and seals this
____ day of _____, 2016.

FULL CIRCLE DAIRY, LLC

DAMASCUS PEANUT COMPANY as Member

By: *James Cannon*
JAMES CANNON, CFO

SWISS HAVEN DAIRY, LLC as Member

By: *Gregory N. Watts*
GREGORY N. WATTS, Manager

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CLERK OF DISTRICT COURT
MILWAUKEE, WISCONSIN

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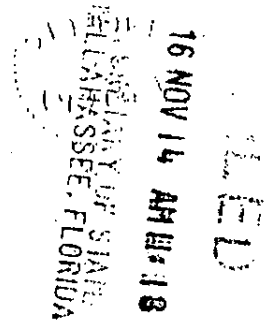
STATE OF LA
COUNTY OF Early

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared JAMES CANNON, as CFO of and on behalf of DAMASCUS PEANUT COMPANY; as a member of FULL CIRCLE DAIRY, LLC, and who executed the foregoing Second Amended and Restated Articles of Organization, and acknowledged before me that they subscribed to these Second Amended and Restated Articles of Organization.

WITNESS my hand official seal in the County and State named above this ____ day of _____, 2016.

Leanne Pullen
Notary Public

My Commission Expires: 8-14-18



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STATE OF FLORIDA
COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared GREGORY N. WATTS, as Manager of and on behalf of SWISS HAVEN DAIRY, LLC; as a member of FULL CIRCLE DAIRY, LLC, and who executed the foregoing Second Amended and Restated Articles of Organization, and acknowledged before me that they subscribed to these Second Amended and Restated Articles of Organization.

WITNESS my hand official seal in the County and State named above this 9 day of

Nov., 2016.



JOYCE A. BROWN
Notary Public, State of Florida
My Comm. Expires Feb. 8, 2018
Commission No. FF 81814

Joyce A. Brown
Notary Public

My Commission Expires:

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TALLAHASSEE, FLORIDA

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OR PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 605, Florida Statutes, the following is submitted:

FULL CIRCLE DAIRY, LLC, to organize or qualify under the laws of Florida, with its principal place of business at 1479 SE Winquepin Street, Lee, Florida 32059, names GREGORY N. WATTS, whose address is 1479 SE Winquepin Street, Lee, Florida 32059, whose street address is 1479 SE Winquepin Street, Lee, Florida 32059, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

FULL CIRCLE DAIRY, LLC

DAMASCUS PEANUT COMPANY as Member

By: *James Cannon*
GERALD GARLAND, Manager
James Cannon

SWISS HAVEN DAIRY, LLC as Member

By: *Gregory N. Watts*
GREGORY N. WATTS, Manager

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of Registered Agent.

Gregory N. Watts
GREGORY N. WATTS
Registered Agent

Dated: Nov 9, 2016