

LO4000007993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

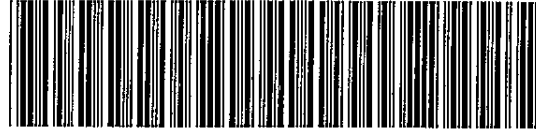
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900027516689

01/26/04--01032--005 \*\*160.00

FILED

04 JAN 23 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO4-7993  
OK

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** In and Out Farms L.L.C.  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

John Harrison Hough  
(Name of Person)

Duane Morris LLP  
(Firm/Company)

249 Royal Palm Way, Suite 403  
(Address)

Palm Beach, FL 33480  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Harrison Hough at ( 561 ) 366-5400  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

04 JAN 23 PM 2:52  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

In and Out Farms L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

249 Royal Palm Way

Suite 403

Palm Beach, FL 33480

**Mailing Address:**

249 Royal Palm Way

Suite 403

Palm Beach, FL 33480

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

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

John Harrison Hough

Name

249 Royal Palm Way, Suite 403

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

Palm Beach

FLORIDA 33480

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, Florida Statutes..*

  
\_\_\_\_\_  
Registered Agent's Signature

FILED  
04 JAN 23 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

"MGRM" = Managing Member

Village of Golf, FL 33436

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

(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.)

Typed or printed name of signee

**\$ 5.00 Certificate of Status (Optional)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUN 23 PM 2:53

FILED