

L04000009347

(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



400027673964

01/28/04--01037--005 \*\*130.00

FILED  
04 JAN 28 AM 10:40  
SECRETARY  
TALLAHASSEE, FLORIDA

2/4  
just

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CLASSIC IRRIGATION, LLC

(Proposed company name - must include suffix)

FILED  
04 JAN 28 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00  
Filing fee & Designation  
of Registered Agent

☒ \$130.00  
Filing Fee, Designation of  
Registered Agent, &  
Certificate of Status

☐ \$160.00  
Filing Fee, Designation  
of Registered Agent,  
Certified Copy, &  
Certificate of Status

Please return all correspondence concerning this matter to the following:

JOHN W. GRIMES  
1879 LAKE EMMA ROAD  
LONGWOOD, FL 32750

For Further information concerning this matter, please call: JOHN W. GRIMES at 407-810-5892.

**Street Address:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION  
OF  
CLASSIC IRRIGATION, LLC

FILED  
04 JAN 28 AM 10:40  
SECRETARY  
TALLAHASSEE, FLORIDA

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: CLASSIC IRRIGATION, LLC

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1879 LAKE EMMA ROAD, LONGWOOD, FL 32750.

ARTICLE III - REGISTERED AGENT

The registered agent of this corporation shall be:

<u>NAME</u>	<u>ADDRESS</u>
JOHN W. GRIMES	1879 LAKE EMMA ROAD LONGWOOD, FL 32750

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.

  
JOHN W. GRIMES

ARTICLE IV - MANAGEMENT

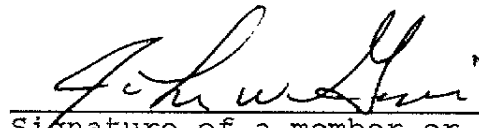
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
President:	JOHN W. GRIMES 1879 LAKE EMMA ROAD LONGWOOD, FL 32750
Secretary:	JOHN W. GRIMES 1879 LAKE EMMA ROAD LONGWOOD, FL 32750
Treasurer:	JOHN W. GRIMES 1879 LAKE EMMA ROAD LONGWOOD, FL 32750

FILED  
04 JAN 28 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be 1-30, 2004.



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 W Grimes  
Printed name of signer

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)

IN WITNESS WHEREOF, We have hereunto set our hands and seals,  
acknowledged and filed the foregoing Limited Liability Company under the  
laws of the State of Florida this 26 day of January,  
20 04.

John W. Grimes  
JOHN W. GRIMES

FILED  
04 JAN 28 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF FLORIDA     )  
                                  )  
COUNTY OF SEMINOLE    )

The foregoing instrument was acknowledged before me this 26 day  
of January, 2004, by JOHN W. GRIMES, who is personally known to  
me or who has produced driver's license as identification and who did  
take an oath. FL DL G652-479-58-374-0



Ks Kirkpatrick  
Notary Public, State of Florida  
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of  
Process for the above-stated company at the place designated herein, 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.

John W. Grimes  
JOHN W. GRIMES

DATE: 1-26-04