

LO4000011277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

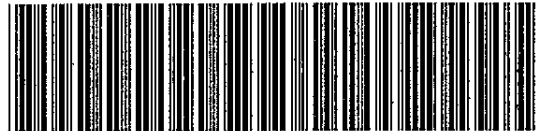
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W-04 - 1016



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01/05/04--01045--001 **105.00

02/10/04--01004--016 **20.00

FILED
TALLAHASSEE, FLORIDA

04 FEB 11 PM 3:33

FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 8, 2004

SUBHAS C HARRIPRASAD
5347 SE HAGEN STREET
ARCADIA, FL 34266

SUBJECT: R & K FARM, LLC
Ref. Number: W04000001016

We have received your document for R & K FARM, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$20.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 704A00001386

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R & K FARM, LLC
(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:

SUBHAS C HARRIPRASAD

(Name of Person)

(Firm/Company)

5347 SE HAGEN STREET

(Address)

ARCADIA, FL 34266

(City/State and Zip Code)

For further information concerning this matter, please call:

SUBHAS C HARRIPRASAD

(Name of Person)

at (718) 403-4575

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

R & K FARM, LLC

ARTICLE II - Address:

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

Principal Office Address:

5347 SE HAGEN STREET

ARCADIA, FL 34266

Mailing Address:

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

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

SUBHAS C HARRIPRASAD

Name

5347 SE HAGEN STREET

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

ARCADIA

FL

34266

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

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

SUBHAS C HARRIPRASAD

5347 SE HAGEN STREET

ARCADIA, FL 34266

MGRM

KAMAL M HARRIPRASAD

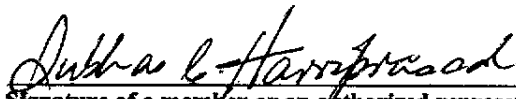
5347 SE HAGEN STREET

ARCADIA, FL 34266

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

SUBHAS C HARRIPRASAD

Typed or 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA