

# LO4000040598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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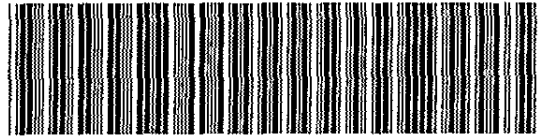
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 MAY 24 P 2:52

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BRIAN FINEGAN  
A PROFESSIONAL CORPORATION  
ATTORNEY AT LAW  
SIXTY WEST ALISAL STREET, SUITE 1  
POST OFFICE BOX 2058  
SALINAS, CALIFORNIA 93902

AREA CODE 831  
SALINAS TELEPHONE 757-3641  
MONTEREY TELEPHONE 375-9652  
FACSIMILE 757-9329  
E-MAIL brian@bfinegan.com

May 20, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

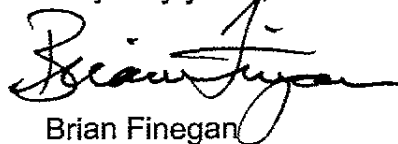
Re: TKM-Bengard Farms, LLC

Gentlemen:

Enclosed you will find the following:

- Transmittal Letter
- Original and one copy of Articles of Organization for Florida Limited Liability Company for TKM-Bengard Farms, LLC.
- Check in the amount of \$155.00 payable to Florida Division of Corporation for filing fee for Articles of Organization, Designation of Registered Agent and one certified copy of the articles.
- Stamped, self addressed return envelope to return a certified copy of the Articles of Organization to the undersigned.

Very truly yours,

  
Brian Finegan

Bf:pmi  
Enclosures

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TALLAHASSEE, FLORIDA

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TKM-BENGARD FARMS, 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:

Brian Finegan  
(Name of Person)

Brian Finegan, A Professional Corporation  
(Firm/Company)

Post Office Box 2058  
(Address)

Salinas, California 93902  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Brian Finegan at ( 831 ) 757-3641  
(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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TKM-BENGARD FARMS, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2305 Cypress Lane

Belle Glade, Florida

33430

**Mailing Address:**

Same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**  
The name and the Florida street address of the registered agent are:

Tobin Basore

Name

2305 Cypress Lane

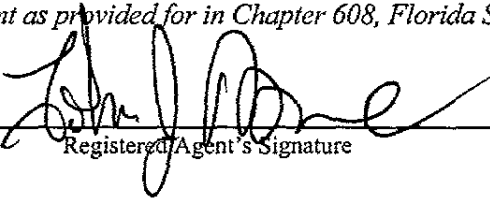
Florida street address (P.O. Box **NOT** acceptable)

Belle Glade FLORIDA 33430

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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

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

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGR</u>	<u>Tobin Basore</u>
	<u>2305 Cypress Lane</u>
	<u>Belle Glade, Florida 33430</u>
<u>MGR</u>	<u>Bardin Bengard</u>
	<u>387 West Market Street</u>
	<u>Salinas, California 93901</u>

(Use attachment if necessary)

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**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.)

Bardin Bengard  
\_\_\_\_\_  
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)