## L04000043327

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	$\neg$





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No6/09/04

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations

Appalachee Oaks Nursery! Tree 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:

W. Sedelmeyer, Jr SW Appalachee Terrace Fort White FL 32038 (City/State and Zip Code)

For further information concerning this matter, please call:

Paul W. Sedelmeyer at (386) 497-1972

(Name of Person) (Area Code & Daytime Telephone Number)

Cell: 386 365-7599

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

Appalachee Oaks Nursery & Tree Farm, LLC

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
558 SW Appalachee Ter	558 Sw Appalachee The
Fort White, FL 32038	558 Sw Appalachee The Fort White, FL 32038
ARTICLE III - Registered Agent, Registered Office, The name and the Florida street address of the registere  Paul W. Sedelm Name  558 Sw Appa  Florida street address (P.O. Box No. 1985)	dagent are:  OCHEC, Th.  Cachee Ter  OT acceptable)

registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

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

Page 1 of 2 (CONTINUED)

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:		
mare Resident	Paul W Sede meyet, JE 558 SW Appalachee Feb Ft White FL 32038		
marm-v. President	Marilya ( Sedelmeyer 558 Sw Appalachee For Ft White, FL 32038		
<del></del>	SIGN OF CONTROLET		
(Use attachment if necessary)	PM 12: 32		
NOTE: An additional article must be added if an effective date is requested.			
REQUIRED SIGNATURE:			
Marilya J. Sedelmeyer  Signature of a member or an authorized representative of a member.			

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)

Total: \$1600 enclosed

(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.)