(R	equestor's Name)	
(A	ddress)	
	ddress)	
(A)	ualess)	
	ity/State/Zip/Phone#)	1
PICK-UP	MAIT	MAIL
/R	usiness Entity Name)	
(0:	usiness Endry Name)	
	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		

Office Use Only



100041167851

09/30/04--01018--016 **150.00

W-12039

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Redfearn Farms (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:	
Elizabeth M. Redfearn	
(Name of Person)	
Redfearn Farms	
(Firm/Company)	
P.O. Box 188	
(Address)	
Lloyd, Florida 32337	
(City/State and Zip Code)	
For further information concerning this matter, please call:	Ās
Elizabeth M. Redfearn at (850) 402-9418 (Name of Person) (Area Code & Daytime Telephone Number)	CALIAS LAHASS
, , , , , , , , , , , , , , , , , , , ,	H P P
	105 105 105 105 105 105 105 105 105 105
	몽류

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 SEP 30 PH I2: 24

CERTIFICATE OF CONVERSION

Pursuant to section 608.439, Florida Statutes, the following unincorporated business entity hereby submits the attached articles of organization and this certificate of conversion to convert to a Florida limited liability company:

FIRST: The name of the unincorporated business immediately prior to filing this docume	nt was:		
Redfearn Farms	·		
SECOND: The date on which and the jurisdiction in which the unincorporated business vereated or otherwise came into being are:	vas fīrst		
A. Date: 10-12-03			
 B. Jurisdiction: Florida C. If different from the above noted jurisdiction, the jurisdiction immediately its conversion: 	prior to		
THIRD: The name of the limited liability company as set forth in the <u>attached</u> articles of organization is:	•		
Redfearn Farms L.L.C.			
Elycheth M. Redbean	HVTTVI.	93S 40	
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.	TARY OF STA	04 SEP 30 PH 12: 24	
Elizabeth H. Redfearn	35 SS S	$\dot{\omega}$	
Typed or Printed Name of Signee	8™	2	

FILING FEES:

- \$100.00 Filing Fee for Articles of Organization \$ 25.00 Filing Fee for Registered Agent Designation \$ 25.00 Filing Fee for Certificate of Conversion
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

(Note: Section 608.439, F.S., does not provide for a corporation to convert to a limited liability company.)

17 OC 030

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	nited Liability Company is:	L.C.	
ARTICLE II - Add The mailing address	ress: and street address of the princ	pal office of the Limited	d Liability Company is
Principal Office Ad	dress:	Mailing Address	<u>:</u>
14416 High	Hill Bond Road	P. O. Box 1	88
Tallahasse	e, FL 32309	Lloyd, FL	32337
		¥	
	gistered Agent, Registered Of orida street address of the regis		ent's Signature:
	orida street address of the regis Elizabeth M. Red Name 14416 High Hill	fearn. Pond Road	SECSETARY OF STATE TALLAHASSEE, FLORID
	erida street address of the register Elizabeth M. Red Name 14416 High Hill Florida street address (P.O. Bo	Fearn Fond Road Ex NOT acceptable)	SECHETARY OF STATIALLAHASSEE, FLORIC
	erida street address of the register Elizabeth M. Red Name 14416 High Hill Florida street address (P.O. Bo	Fearn Fond Road Ex NOT acceptable)	SECSETATY OF STAT TALLAHASSEE, FLORI
The name and the FI	orida street address of the regis Elizabeth M. Red Name 14416 High Hill	FLORIDA 3230°	SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:

Name and Address:	
Elizabeth M. Redfearn 14416 High Hill Fond Koad Tallahassee, FL 32309	
1	
ALAHASSEE, FLO	OU SEP 30 PH 12: 24
	Elizabeth M. Redfearn 14416 High Hill Hond Koad Tallahassee, FL 32309

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.)

Elizabeth M. Redfearn
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)