

L040000 84134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

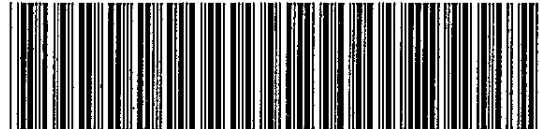
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Examination	DCC
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Iron Horse Florida Farm, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Renee M. Tomko, Paralegal
Honigman Miller Schwartz and Cohn, LLP
2290 First National Building
Detroit, MI 48226

For further information concerning this matter, please call: Renee M. Tomko, (313) 465-7272.

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☐ \$130.00 Filing Fee & Certificate of Status
- ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I – NAME:

The name of the Limited Liability Company is: Iron Horse Florida Farm, LLC.

ARTICLE II – ADDRESS:

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

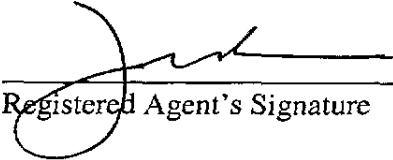
101 Aviation Drive North
Naples, FL 34104

ARTICLE III – REGISTERED AGENT, OFFICE AND SIGNATURE:

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

James H. Kabcenell
101 Aviation Drive North
Naples, FL 34104

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

ARTICLE IV – MANAGEMENT:

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

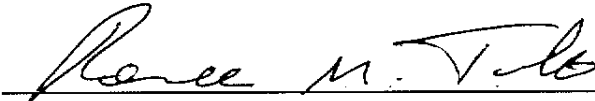
<u>Title</u>	<u>Name and Address</u>
Manager	David M. Clark 101 Aviation Drive North Naples, FL 34104

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TALLAHASSEE, FLORIDA

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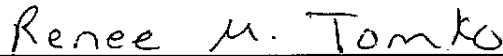
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REQUIRED SIGNATURE:



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.



Typed or printed name of signee

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