

11/24/04 WED 13:35 FAX 1239874288

THOMAS K. BOARDMAN P.A.

0001

Division of Corporations

Page 1 of 1

L0400008557
FILED

Florida Department of State
Division of Corporations
Public Access System

2004 NOV 24 A 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000232951 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BOARDMAN & SPILLER, P.A.
Account Number : 102350003270
Phone : (239) 657-4418
Fax Number : (239) 657-4278

DIVISION OF CORPORATION

04 NOV 24 PM 3:51

RECEIVED

LIMITED LIABILITY COMPANY

S & A Enterprises of Immokalee, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

FILED

H040002329513

ARTICLES OF ORGANIZATION
OF
S & A ENTERPRISES OF IMMOKALEE, LLC.

2004 NOV 24 A 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be S & A ENTERPRISES OF IMMOKALEE, LLC.

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 114 New Market Road, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until November, 2034, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

ARTICLE IV

MANAGEMENT

This limited liability company shall be managed by its sole member. The name and address of the managing member is as follows:

Juan Acevedo
4700 St. Croix Lane, Apt. 318
Naples, Florida 34108

THIS DOCUMENT PREPARED BY:
Thomas K. Boardman
THOMAS K. BOARDMAN, P.A.
1400 North 15th Street, Suite 201
Immokalee, Florida 34142
(941) 657-4418
Florida Bar No. 103581

H040002329513

FILED

H040002329513

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

2004 NOV 24 A 9:53

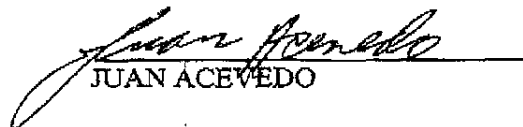
Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

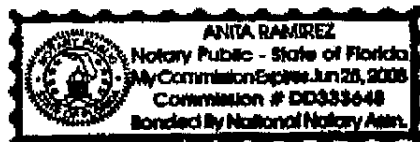
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.


Executed by the undersigned at Immokalee, Florida on November 22nd, 2004.


JUAN ACEVEDO

STATE OF FLORIDA }
COUNTY OF COLLIER }

The foregoing instrument was sworn to and acknowledged before me this ____ day of November, 2004, by JUAN ACEVEDO, who is ☐ personally known to me or ☒ who produced a Florida Driver's License No. A213436623050 as identification.




NOTARY PUBLIC
Name: Anita Ramirez

H040002329513

FILED

2004 NOV 24 A 9:53

H040002329513

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: S & A ENTERPRISES OF IMMOKALEE, LLC.
2. The name and address of the registered agent and office is:

JUAN ACEVEDO

(Name)

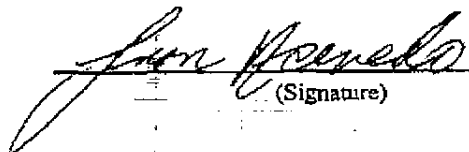
4700 St. Croix Lane, Apt. 318

(P.O. Box not acceptable)

Naples, Florida 34108

(City/State/Zip code)

Having been named as registered agent and to accept service of process for the above state corporation 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.


(Signature)

11-22-04

(Date)

H040002329513