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From:

Account Name : BOARDMAN & SPILLER, P.A.

Account Number : 102350003270 Phone : (239)657-4418 Fax Number : (239)657-4278 05 MAR 24 AM 9: 58

# LIMITED LIABILITY COMPANY

South Moon Farms, LLC

Certificate of Status	0
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#### ARTICLES OF ORGANIZATION

OF

# SOUTH MOON FARMS, LLC.

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 SOUTH MOON FARMS, LLC.

#### ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 62270 Frontier Circle, LaBelle, Florida 33935.

#### ARTICLE III

#### DURATION

This limited liability company shall exist until March 31, 2035, 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:

Bruce Corbitt 62270 Frontier Circle LaBelle, Florida 33935

THIS DOCUMENT PREPARED BY: Thomas K. Boardman THOMAS K. BOARDMAN, P.A. 1400 North 15th Street, Suite 201 Immokalee, Florida 34142 (239) 657-4418 Florida Bar No. 103581 05 H. 23 P. 1 - 0500007269

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#### ARTICLE V

## RESTRICTIONS ON MEMBERSHIP

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 March \_22, 2005.

BRUCE CORBITT

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 21 day of March, 2005, by BRUCE CORBITT who is opersonally known to me or who produced a Florida Driver's License No.

as identification.



NOTARY PUBLIC Name: Kerensa M. Pellettor

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# 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: SOUTH MOON FARMS, LLC.
- 2. The name and address of the registered agent and office is:

Bruce Corbitt

(Name)

62270 Frontier Circle (P.O. Box not acceptable)

LaBelle, Florida 33935 (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)

(Date)