L05000064428

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL .		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
	·			

Office Use Only



800056515288

06/27/05--01025--007 **125.00

FILED
2005 JUN 27 PM 2: 12
2005 JUN 27 PM 2: 12
2005 JUN 27 PM 2: 12

15 mm JUN 2 9 2005

Harry A. Jones

Attorney at Law Certified Public Accountant (Ga.)

HARBOR TOWNE
11 A. Max Brewer Parkway
P. O. Box 6447
Titusville, Florida 32782-6447
(321) 264-0334

Fax: (321) 269-6840 hajlaw@earthlink.net

Reply to (*) Titusville (*) Melbourne

One HARBOR PLACE 1901 S. Harbor City Blvd. Suite 500 Melbourne, Florida 32901 (321) 433-3776 Fax (321) 723-4092 hjones009@bellsouth.net

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32301

Re: Articles of Organization of Mason Dixon Farms, L.L.C.

Dear Sir/Madam:

Enclosed find an original and one copy of Articles of Organization for the above-captioned Limited Liability Company, together with check in the sum of \$125.00 to cover your filing fees.

Please stamp the copy of the Articles of Organization with the date received in your office and return to the undersigned.

Thank you for your assistance in this matter.

Very truly yours,

Harry A. Jones

HAJ/re Enc.



ARTICLES OF ORGANIZATION OF MASON DIXON FARMS, L.L.C.

The undersigned subscriber to these Articles of Organization and intending to form and create a Limited Liability Company pursuant to the statutes of the State of Florida, does hereby state and certify the following:

I.

The name of the Limited Liability Company shall be MASON DIXON FARMS, L.L.C.

II.

The mailing address of the Limited Liability Company is P. O. Box 360911, Melbourne, FL 32936-0911, and the street address of the Limited Liability Company and its principal office is 10 Palmer Avenue, Apartment H, Indian Harbor Beach, FL 32937.

III.

The name and street address of the initial registered agent of the Limited Liability Company in the State of Florida is T. A. ALTMAN, 10 Palmer Avenue, Apartment H, Indian Harbor Beach, FL 32937.

IV.

The Limited Liability Company shall be managed by a Board of Managers, consisting of a number not more than five (5) and the activities of the Limited Liability Company shall be conducted as a manager-managed company in accordance with the terms of the Limited Liability Company Operating Agreement.

V.

The names and addresses of the Initial Managers of the Limited Liability Company are as follows:

Name	Address	
T. A. Altman	P. O. Box 360911 Melbourne, FL 32936	
Roberta M. Altman	P. O. Box 360911 Melbourne, FL 32936	

VI.

The Limited Liability Company shall be initially organized with two (2) members. The name and address of the Initial Members of the Limited Liability Company are:

Name	Address	2005
T. A. Altman	P. O. Box 360911	T AND T
	Melbourne, FL 32936	27 ASSE
Roberta M. Altman	P. O. Box 360911	丹
	Melbourne, FL 32936	2: 12 RATION LORIDA

VII.

The Limited Liability Company shall have the right to add additional members according to the terms of the Limited Liability Company Operating Agreement.

VIII.

This Limited Liability Company shall exist perpetually.

IN WITNESS WHEREOF, the undersigned, in their respective capacities as initial members and initial managers for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do make and file these Articles of Organization, hereby declaring and certifying that the facts herein stated are true and hereunto set their hands and seal this 2014 day of MAU . 2005.

Initial Members

Roberta M. Altman

Initial Managers

Roberta M. Altman

STATE OF FLORIDA COUNTY OF BREVARD

BEFORE ME, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared T. A. ALTMAN and ROBERTA M. ALTMAN, each well known to me to be the persons who executed the foregoing Articles of Organization, and acknowledged before me that they executed the same freely and voluntarily for the purposes therein expressed as Initial Members and Initial Managers.

WITNESS my hand and official seal this

Notary Public, State of Florida

My Commission Expires:



STATEMENT OF DESIGNATION AND ACCEPTANCE OF INITIAL REGISTERED AGENT AND REGISTERED OFFICE OF

MASON DIXON FARMS, L.L.C.

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby files this statement of the designation and acceptance of the initial registered agent of the Limited Liability Company.

The street address of the initial registered office of this Limited Liability Company is 10 Palmer Avenue, Apartment H, Indian Harbor Beach, FL 32937, and the name of the initial registered agent of this Limited Liability Company at that address is T. A. ALTMAN.

DATED this Zoh day of May 2008.

T A Altman

Roberta M. Altman

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

I hereby accept appointment as the registered agent of MASON DIXON FARMS, L.L.C. at the initial registered office of the Limited Liability Company at 10 Palmer Avenue, Apartment H, Indian Harbor Beach, FL 32937.

T A Altman