# 0500068728

# Florida Department of State

Division of Corporations Public Access System

# 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.

(((H05000168263 3)))

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

Division of Corporations

Fax Number : (850) 205-0383

Account Name : BOARDMAN & SPILLER, P.A.

Account Number : 102350003270

Phone : (239) 657-4418

Fax Number

: (239)657-4278

# LIMITED LIABILITY COMPANY

# JOHNSON FAMILY DEVELOPMENT, LLC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

7/12/2005

# ARTICLES OF ORGANIZATION

OF

# JOHNSON FAMILY DEVELOPMENT, 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 JOHNSON FAMILY DEVELOPMENT, LLC.

#### ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 2004 Johnson Road, Immokalee, Florida 34142.

### ARTICLE III

#### **DURATION**

This limited liability company shall exist until October 31, 2033, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

DIVISION OF CORPORATIONS

05 JUL 12 AM 10: 17

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

H05000168263 3

#### ARTICLE IV

#### MANAGEMENT

This limited liability company shall be managed by its members. The names and addresses of the managing members are as follows:

Douglas L. Johnson 2004 Johnson Rd

Gregory A. Johnson 2004 Johnson Rd

Immokalee, Florida 34142

Linda Sue Johnson 2004 Johnson Rd Immokalee, FL 34142

Immokalee, Florida 34142

#### 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 July 12, 2005.

STATE OF FLORIDA COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 12 day of July, 2005, by GREGORY A. JOHNSON, who is □personally known to me or who produced a Florida Driver's License No 1525-281-101-262 Das identification.

H05000168263 3

# 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.

- I. The name of the limited liability company is: JOHNSON FAMILY DEVELOPMENT, LLC
- 2. The name and address of the registered agent and office is:

GREGORY A. JOHNSON (Name)

2004 Johnson Road (P.O. Box not acceptable)

Immokalee, Florida 34142 (City/State/Zipcode)

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.

H05000168263 3