

LD5000073007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

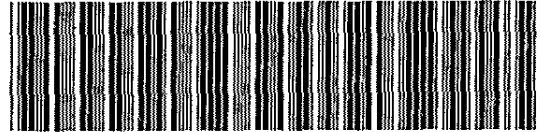
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 25 PM 2:19

N. Culligan JUL 27 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FULFORD FAMILY FARMS, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

R. BRUCE WARREN
(Name of Person)

WHITEHURST, BLACKBURN, WARREN & KELLEY
(Firm/Company)

809 SOUTH BROAD STREET
(Address)

THOMASVILLE, GA 31792
(City/State and Zip Code)

For further information concerning this matter, please call:

R. BRUCE WARREN at (229) 228-2161
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FULFORD FAMILY FARMS, LLC

ARTICLE II - Address:

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

Principal Office Address:

6025 BOSTON HIGHWAY
MONTICELLO, FL 32344

Mailing Address:

6025 BOSTON HIGHWAY
MONTICELLO, FL 32344

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

R. BRUCE WARREN

Name

262 HIAMONEE DRIVE

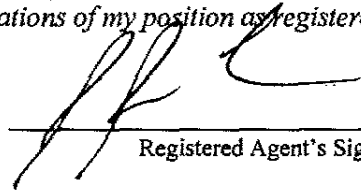
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE, FL 32312 FL

City, State, and Zip

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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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Gary Fulford
16025 Boston Hwy
Monticello, FL 32344

MGRM

Bunny Fulford
16063 Boston Hwy
Monticello, FL 32344

MGRM

Stephen Fulford
3951 Sunset Dr
Monticello, FL 32344

MGRM

Ernest Fulford
2798 Fulford Rd
Monticello, FL 32344

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Gary Fulford

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.)

GARY Fulford

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)