Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

LIMITED LIABILITY COMPANY

WINTER PAST FARM, L.L.C.

Certificate of Status	O STATE OF THE PROPERTY OF THE
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Electronic Filing Menu

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Public Access Help

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ARTICLES OF ORGANIZATION FOR FLORIDA_LIMITED LIABILITY COMPANY

ARTICLE I. NAME

The name of the limited liability company shall be:

Winter Past Farm, L.L.C.

ARTICLE II. ADDRESS

The principal place of business of this limited liability company shall be:

> 1345 Evalyn Dr. SE, Winter Haven, FL 33880

ARTICLE III. REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE:

The name and address of the registered agent and office is Gregory C. Marone, 1345 Evalyn Dr., SE, Winter Haven, FL 33880.

> TITLE President DATE 10-27-05

Prepared by Ronald A. Brown & Associates, P.A. P. O. Box 999, Winter Haven, FL 33882-0999

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate. I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.

SIGNATURE

DATE

10-27-05

ARTICLE IV. MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manger-managed company.

Signature of a member or an authorized representative

a member.

(In accordance with section 508.408(3), Florida Statues, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)

Gregory C. Marone

Typed or printed name of signee