

Division of Corporations

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Florida Department of State  
Division of Corporations  
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## To:

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

## From:

Account Name : BOARDMAN & SPILLER, P.A.  
Account Number : 102350003270  
Phone : (239) 657-4418  
Fax Number : (239) 657-4278

## LIMITED LIABILITY COMPANY

Blocco, LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
BLOCCO, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a 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 BLOCCO, LLC

ARTICLE II

The street address of the principal office of this limited liability company shall be 301 North 15<sup>th</sup> Street, Immokalee, Florida 34142; and the mailing address of the company shall be Post Office Box 989, Immokalee, Florida 34143.

ARTICLE III

DURATION

This limited liability company shall exist until October 31, 2040, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

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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

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## ARTICLE IV

## MANAGEMENT

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

Brian Blocker  
301 North 15<sup>th</sup> Street  
Immokalee, Florida 34142

Curtis Blocker, Sr.  
P. O. Box 970  
Immokalee, Florida 34143

## 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

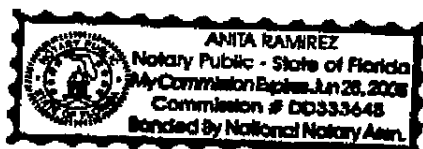
Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.


Executed by the undersigned at Immokalee, Florida, on November 3<sup>rd</sup>, 2005.

  
BRIAN BLOCKER

STATE OF FLORIDA  
COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 3<sup>rd</sup> day of November, 2005, by BRIAN BLOCKER, who is ☐ personally known to me or ☐ who produced a Florida Driver's License No. \_\_\_\_\_ as identification.



  
NOTARY PUBLIC

Name: Anita Ramirez

**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.

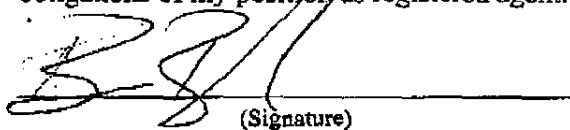
1. The name of the limited liability company is: BLOCCO, LLC
2. The name and address of the registered agent and office is:

BRIAN BLOCKER  
(Name)

301 North 15<sup>th</sup> Street  
(P.O. Box not acceptable)

Immokalee, Florida 34142  
(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)

11/3/05  
(Date)

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