## LOS000 ELES 562

Office Use Only

2005 DEC -5 P 4: 35

SECRETARY OF STATE



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## COVER LETTER

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TO:

Registration Section Division of Corporations

2005 DEC -5 ₱ 4: 35

SUBJECT: Hardacre Farm II, LLC

TALLAHASSEE, FLORIDA

(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:

Steven R. Bechtel		
(1)	Name of Person)	
Mateer & Harbert, P.A.		
(	Firm/Company)	
225 E. Robinson Street, S	uite 600	
	(Address)	
Orlando, FL 32801		
(City/	State and Zip Code)	
For further information concerning this matter, please	call:	
Steven R. Bechtel (Name of Person)	at (407) 425-904 (Area Code & Daytime To	
(Number of Fordon)	(Alea Code & Dayline 1)	Exeptione (valuoer)
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY ARTICLE I - Name: The name of the Limited Liability Company is: Hardacre Farm II, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 14265 NW 225 A 55 Eagle Drive Reddick, FL 32686 Bedford, MA 03110 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: **Amy Tarrant** Name 14265 NW 225 A Florida street address (P.O. Box NOT acceptable) Reddick. City, State, and Zip

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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"MGR" = Manager		SECRETARY OF C TALLAHASSEE, FL
"MGRM" = Managing Member		
MGR	Amy Tarrant	_
	14265 NW 225 A	
	Reddick, FL 32686	
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(Use attachment if necessary)		
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LE V: Effective date, if other than the fective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member (In accordance with se	e specific and cannot be more	than five business days of a member.

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)