

L060000002642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

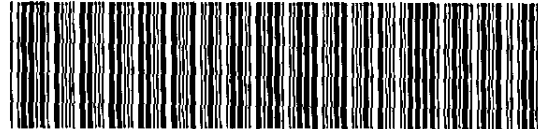
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500062741335

REGISTRATION OF DOCUMENTS

FILED
2006 JAN -5 AM 8:54
TALLAHASSEE, FLORIDA
REGISTRATION OF DOCUMENTS

J. BRYAN JAN 10 2006



YOUNG WILLIAMS P.A.

Attorneys at Law

2000 AntSouth Plaza

Jackson, Mississippi 39201

Post Office Box 23059

Jackson, Mississippi 39225-3059

Telephone 601.948.6100

Fax 601.355.6136

www.youngwilliams.com

December 28, 2005

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

Re: Southeast Egg Producers, LLC

FILED
2006 JAN -5 AM 8:54
TALLAHASSEE, FLORIDA

J. Wesley Daughdrill, Jr.

Sean Wesley Ellis

Stephen E. Gardner

Don H. Goode

Robert L. Holladay, Jr.

Jay M. Kilpatrick

John Sanford McDavid

James H. Neeld, III

James H. Neeld, IV

Erin S. Rodgers

Robert E. Sanders

Robert L. Wells

E. Stephen Williams

James Leon Young,

Of Counsel

J. Will Young,

1906-1996

Tony Carlisle,

Administrator

Dear Sir or Madam:

Enclosed for filing are the Cover Letter, Articles of Organization for Florida Limited Liability Company and Certificate of Designation of Registered Agent/Registered Office for Southeast Egg Producers, LLC.

Also enclosed is my firm's check in the amount of \$160.00 for Filing Fee, Certificate of Status and Certified Copy. I have enclosed a copy of all of the above to be certified and returned to me in the enclosed self addressed metered envelope.

If you have any questions please do not hesitate to contact me.

Sincerely,

Young Williams P.A.

James H. Neeld, III

JHNIII/dcb
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southeast Egg Producers, 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:

James H. Neeld, III

(Name of Person)

YoungWilliams, PA

(Firm/Company)

Post Office Box 23059

(Address)

Jackson, MS 39225-3059

(City/State and Zip Code)

For further information concerning this matter, please call:

James H. Neeld, III

(Name of Person)

at (601) 360-9039

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input 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 checked="" type="checkbox"/> \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|---|---|--|

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

FILED
2006 JAN -5 AM 8:54
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southeast Egg Producers, 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:

247 Northwest Hillandale Glen
Lake City
Florida 32055

Mailing Address:

Same

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:

SEE ATTACHED CONSENT

Name

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

FL

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..

SEE ATTACHED CONSENT

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
2006 JAN -5 AM 8:54
TALLAHASSEE, FLORIDA

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

MGRM

Name and Address:

Hillandale, LLC

FILED
2006 JAN -5 AM 8:54
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Hillandale, LLC
Bg Dolph Baker - Director
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.)

Dolph Baker

Typed or printed name of signee

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)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FILED
2006 JAN -5 AM 8:54
JULIUS ROBERTSON
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Southeast Egg Producers LLC

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

C T Corporation System

(Name)

1200 South Pine Island Road

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation, Florida 33324

City/State/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, Florida Statutes.

C T Corporation System

By: 

(Signature)

J.L. Miles, Asst. Secy.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)