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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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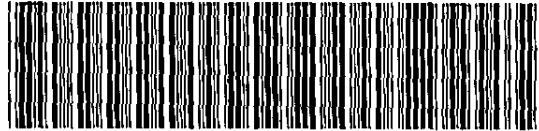
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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REGISTRATION SERVICES DIVISION

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2006 JAN -5 AM 8:54  
REGISTRATION SERVICES DIVISION  
TALLAHASSEE, FLORIDA

J. BRYAN JAN 10 2006



YOUNG WILLIAMS

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2006 JAN -5 AM 8:54  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

YOUNG WILLIAMS P.A.  
Attorneys at Law  
2000 AmSouth 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

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

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

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Southeast Egg Producers, LLC  
(Name of Limited Liability Company)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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 at ( 601 ) 360-9039  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

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 (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

**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.,")

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TALLAHASSEE, FLORIDA

**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

**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 \_\_\_\_\_

Hilandale, LLC  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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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:** *Hilandale, LLC*  
*By 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)

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JIMMY H. JOHNSON  
TALLAHASSEE, FLORIDA

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

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)