L06000016550

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000040340 3)))

FILED
2006 FEB 14 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

RECEIVED
06 FEB 14 PM 12:09
DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

carli's acres, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

L06-16550
ge

H06000040340

(3)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:
The name of the Limited Liability Company is:

GARLY'S ACRES, LLC

ARTICLE II – Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
25400 SW 139 Ave	PO BOX 924282
Princeton FL 33032	Homestead FL 33092

FILED
2006 FEB 14 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

Gale S. Crawford
Name

11245 NW 131 St
Florida street address (P.O. Box NOT acceptable)

Medley FLORIDA 33178
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, Florida Statutes.

Gale S. Crawford
Registered Agent's Signature

H06000040340

H06000040340

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:
MGR	Gale S. Crawford 18755 SW 218 St Goulds Florida 33170

(Use attachment if necessary)

FILED
2006 FEB 14 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Gale S Crawford

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.)

GALE S. CRAWFORD

Typed or printed name of signee

H06000040340