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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Well-being Farm 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:		
Carl m. Wilburn (Name of Person)	<u> </u>	
(Firm/Company)		
1100 Vaughn Road (Address)	<u> </u>	
Schring FL. 33875 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Carl M. Wilburn at 863 381-2799 (Name of Person) (Area Code & Daytime Telephone Number)	_	
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$	itus &	
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:	
Florida Well-being Farv (Must end with the words "Limited Liability Company, "Limited	
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1100 Vaugbn Road Sebring, FL. 33875	1100 Vaughn Road Sebring FL: 33875
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Tammy A. Pater Name	SSEE, FLORI
	ress (P.O. Box NOT acceptable)
Sebrinz.	FL 33875

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..

City, State, and Zip

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:	Name and Address:
"MGR" = Manager "MGRM" = Manag	ing Member
marm	Carl M. Wilburn 1100 Vaughn Road Sebring FL. 33825
<u> </u>	
(Use attachment if a	ecessary)
	e, if other than the date of filing: 5-10-0(o
<u>required</u> sign	ATURE,
_	gnature of a member or an authorized representative of a member.
Si	gnature of a member or an authorized representative of a member.
(I of	n accordance with section 608.408(3), Florida Statutes, the execution this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
-	Carl M. Wilburn Typed or printed name of signee
Filing Foos	P m

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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