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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED
06 AUG -3 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- OVERLOOK HARVESTING COMPANY, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
OVERLOOK HARVESTING COMPANY, LLC,
A Florida Limited Liability Company**

FILED
06 AUG -3 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a professional limited liability company under and pursuant to Chapters 608, Florida Statutes, the Florida Limited Liability Company Act, and Chapter 621, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I

Name

The name of this Company shall be **OVERLOOK HARVESTING COMPANY, LLC.**

ARTICLE II

Duration

The term of existence of the Company shall be perpetual.

ARTICLE III

Mailing and Street Address

The mailing and street address of the Company is: P.O. Box 747, Winter Haven, Florida 33882 and 2600 Overlook Drive, Winter Haven, Florida, respectively.

ARTICLE IV

Registered Agent and Office

The name and street address of the initial registered agent and office for this Company are as follows: Debra L. Cline, 141 5th Street, Winter Haven, Florida, 33883.

ARTICLE V

**Admission of Additional Members;
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

ARTICLE VI

Management of Company

The Company is to be a member-managed company.

ARTICLE VII
Amendment of Articles of Organization

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

ARTICLE VIII
Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands this 2
day of AUGUST, 2006.

By: Robert W. Bentley, Jr.
Robert W. Bentley, Jr.
P.O. Box 747
Winter Haven, FL 33882

By: Raymond O. Bentley, Jr.
Raymond O. Bentley, Jr.
P.O. Box 747
Winter Haven, FL 33882

By: Jason P. Bentley
Jason P. Bentley
P.O. Box 747
Winter Haven, FL 33882

STATEMENT OF REGISTERED AGENT

Having been named as Registered Agent to accept service of process for the above-stated limited liability company, 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 in Chapter 608, Florida Statutes.

Debra L. Cline
Debra L. Cline

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 2nd day of August, 2006, by Debra L. Cline, who is personally known to me or produced _____ as identification.

(SEAL)



Patsy L. King
Commission # DD475958
Expires October 19, 2009
Bonded Tray Firm - Insurance, Inc. 800-368-7019

Patsy L. King
NOTARY PUBLIC

Print Name of Notary
My Commission Expires:



Patsy L. King
Commission # DD475958
Expires October 19, 2009
Bonded Tray Firm - Insurance, Inc. 800-368-7019