

LO6000078025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

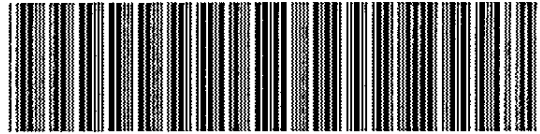
(Business Entity Name)

(Document Number)

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

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07/25/06--01043--011 \*\*160.00

**EFFECTIVE DATE**

8/5/06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

ERNESTO U. GARCIA  
4536 S.W. 143<sup>RD</sup> COURT  
MIAMI, FL. 33175

THE GEORGINA FARM, L.L.C.  
4536 S.W. 143<sup>RD</sup> COURT  
MIAMI, FL. 33175



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 26, 2006

ERNESTO U. GARCIA  
4536 S.W. 143RD COURT  
MIAMI, FL 33175

SUBJECT: THE GEORGINA FARM, LLC  
Ref. Number: W06000033112

We have received your document for THE GEORGINA FARM, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 906A00047415

EFFECTIVE DATE

8/5/06

ARTICLES OF ORGANIZATION:

THE GEORGINA FARM, LLC

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06 AUG -8 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I**

The name of the Limited Liability Company is:

THE GEORGINA FARM, LLC

**ARTICLE II**

The mailing address and street address of the principal office of the Limited Liability Company is:

4536 SW 143 Ct Miami, FL 33175

**ARTICLE III**

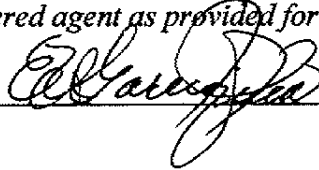
The name and the Florida street address of the registered agent are:

ERNESTO GARCIA

4536 SW 143 Ct Miami, FL 33175

*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.*

\_\_\_\_\_  
Registered Agent



**ARTICLE IV**

The name and address of each Manager or Managing Member is as follows:

ERNESTO GARCIA  
4536 SW 143 Ct  
Miami, FL 33175

MEMBER

BELKIS M. GARCIA  
4536 SW 143 Ct  
Miami, FL 33175

MEMBER

NICK ESCUDERO  
4536 SW 143 Ct  
Miami, FL 33175

MANAGER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE V**

Effective date, if other than the date of filing: August 15/2006.

*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.*

  
\_\_\_\_\_  
ERNESTO GARCIA  
Member

  
\_\_\_\_\_  
BELKIS M. GARCIA  
Member

  
\_\_\_\_\_  
NICK ESCUDERO  
Manager