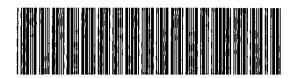
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PICK-UP	☐ WAIT	MAIL
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 16, 2007

LARRY DAVIS JR 239 RYDALMONT RD. WINTER HAVEN, FL 33884

SUBJECT: L.T.D. AG ENTERPRISES, L.L.C.

Ref. Number: W07000008211

We have received your document for L.T.D. AG ENTERPRISES, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 15, 2007.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 007A00011668

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

L.T.D Ag ENTERPRISES	LLC	
Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC,"	or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Lia	bility Company is:
the maning address and shoet address of the pri-	no par office of the similed sid	omey company is:
Principal Office Address:	Mailing Address:	
239 RYDALMONT ROAD WINTER HAVEN, FL 33884	" SAME "	<del></del>
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	red Agent. You must designate an individ	lual or another
Γhe name and the Florida street address of the re	gistered agent are:	SECRETAR SECRETARIAN
LARRY T. O	AVIS JR.	ARY SSE
239 Rynalmen Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)	PH 12: 12 OF STATE E. FLORIDA
WiNER HAVEN	FL <b>≥3 38 4</b>	> 10
City, State, as	nd 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

3-15-00

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGR "	LARRY T DAVIS JR. 239 RYDALMONT ROAD WINTER HINNEN, FL 33884
(Use attachment if necessary)	
	e date of filing: 3-15-07. (OPTIONAL) be specific and cannot be more than five business days price
REQUIRED SIGNATURE:  Signature of a member	SECRETAR - 7
of this document con that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)

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)