

LOT 0000 48160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

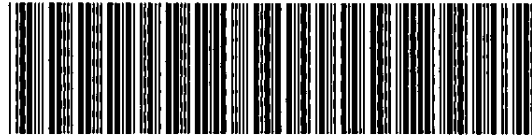
(Business Entity Name)

(Document Number)

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

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FILED  
07 MAY -7 PM 2:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
07 MAY -7 PM 2:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

5-17  
*[Signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MIKE JOHNSON 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:

MIKE JOHNSON  
(Name of Person)

MIKE JOHNSON FARMING  
(Firm/Company)

1550 TANGLE DR  
(Address)

TALL 71 32305  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

C & JOHNSON at (850) 933 1912  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

|                       |  |  |  |
|-----------------------|--|--|--|
| ρ \$125.00 Filing Fee | ρ \$130.00 Filing Fee &<br>Certificate of Status | ρ \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ρ \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

NIKE JOHNSON 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 principal office of the Limited Liability Company is:

### Principal Office Address:

SAME  
1550 TANGELO DR  
TALL 71 32305

### Mailing Address:

1550 TANGELO DR  
TALL 71 32305  
SAME

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NIKE JOHNSON  
Name  
1550 TANGELO DR  
Florida street address (P.O. Box NOT acceptable)  
TALL 71 FL 32305  
City, State, and Zip

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CLERK OF SUPERIOR COURT

*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..*

NIKE JOHNSON  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGRM

**Name and Address:**

MIKE JOHNSON  
1560 TANGLO DR  
32305  
TALLAHASSEE FL 32305

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SECRETARY OF STATE

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Mike Johnson  
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.)

MIKE JOHNSON  
Typed or printed name of signee

**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)**