

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600103280986

05/25/07--01026--016 **155.00

FILED
SECRETARY OF STATE
DIVISION OF CORR. INSTITUTIONS
07 MAY 25 PM 2:48

PULLUM & PULLUM, PA
ATTORNEYS AND COUNSELORS AT LAW

J. STEPHEN PULLUM
MARYBETH L. PULLUM

SUITE 701 FIRST FAMILY OAKS
1330 W. CITIZENS BLVD.
LEESBURG, FL 34748

TELEPHONE: (352) 728-3060

FAX: (352) 728-0003

E-mail: Steve.Pullum@pullumlaw.com

May 23, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle (Zip 32301)
Post Office Box 6327
Tallahassee, FL 32314

Re: FAMILY PRODUCE, L.L.C.

Gentlemen/Ladies:

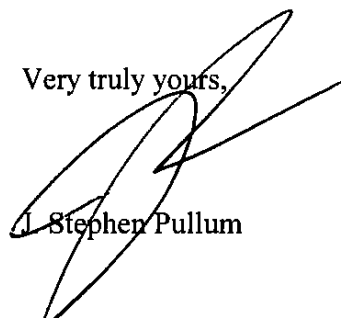
Enclosed please find our firm's check in the amount of \$155.00 to cover the following fees of your office.

Filing Articles of Organization	\$100.00
Certification of Articles	30.00
Filing Resident Agent Form	25.00

We enclose two original copies of Articles of Organization of this proposed Limited Liability Company and executed resident agent form. Please endorse your approval on one of the Articles of Organization, certify same and return to us, together with acknowledgment of filing of resident agent.

Thank you for your attention to the above.

Very truly yours,


J. Stephen Pullum

Enclosures

K:\Family Produce-Miller\052307 Sec of State Filing ltr.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION OF
FAMILY PRODUCE, L.L.C.

07 MAY 25 PM 2:48

ARTICLE I. NAME

The name of the Limited Liability Company ("Company") is **FAMILY PRODUCE, L.L.C.**

ARTICLE II. PURPOSE

The purpose of this Limited Liability Company may include the transaction of any and all lawful business for which Limited Liability Companies may be organized in the State of Florida.

ARTICLE III. ADDRESS

The mailing and street address of the Company's principal office is:

600 N. Croft Avenue, Inverness, FL 34453

ARTICLE IV. MEMBERS AT TIME OF FORMATION

There shall be at least one member at the time the limited liability company is formed. The member at the time of formation is:

Cynthia G. Miller

ARTICLE V. DURATION

The period of duration for the Company is perpetual, unless sooner terminated, beginning on the date these Articles of Organization are filed by the Florida Department of State.

ARTICLE VI. REGISTERED AGENT AND OFFICE

The name of the Company's initial Registered Agent in Florida is **CYNTHIA G. MILLER**. The address of the Company's registered office in Florida is 600 N. Croft Avenue, Inverness, FL 34453.

ARTICLE VII. MANAGEMENT

The Company is to be managed by the member. The managing member is identified as follows:

CYNTHIA G. MILLER, 600 N. Croft Avenue, Inverness, FL 34453

ARTICLE VIII. ADMISSION OF NEW MEMBERS

Member of the Company has the right to admit new members. Additional members may be admitted only on the unanimous written consent of the existing member and the existing member shall determine the amount and nature of contributions by new members at the time the new members are admitted.

ARTICLE IX. MEMBERS RIGHT TO CONTINUE BUSINESS

The remaining members of the Company have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company. The business may be continued only on the unanimous written consent of the remaining members.

IN WITNESS WHEREOF, these Articles of Organization have been executed on this 26th day of April, 2007, at Crystal River, Florida.

Witnesses:

[Signature]
[Signature]

FAMILY PRODUCE, L.L.C.

Cynthia G. Miller
CYNTHIA G. MILLER
Authorized Representative

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 26th day of April, 2007, by CYNTHIA G. MILLER, as the Authorized Representative to these Articles of Organization. Said person did not take an oath and (check one) is personally known to me, produced a driver's license (issued by a state of the United States within the last five (5) years) as identification, or produced other identification, to wit:



[Signature]
Printed Name: _____

NOTARY PUBLIC State of Florida

Commission # _____

My Commission Expires: _____