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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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07 SEP 14 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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07 SEP 14 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1- PRINCESS GROVE, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

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### 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

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**ARTICLES OF ORGANIZATION  
FOR  
PRINCESS GROVE, LLC,  
a Florida Limited Liability Company**

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

**ARTICLE I**

**Name**

The name of this Company shall be ***PRINCESS GROVE, LLC***.

**ARTICLE II**

**Duration**

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

**ARTICLE III**

**Mailing Address**

The mailing address of the Company is Post Office Box 287, Waverly, Florida 33877-0287. The street address of the Company is 7000 Waverly Road, Waverly, Florida 33877.

**ARTICLE IV**  
**Registered Agent and Office**

The name and street address of the initial registered agent and office for this Company is as follows: John C. Husted, 7000 Waverly Road, Waverly, Florida 33877.

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

Additional Members may be admitted in the manner set forth in the Operating Agreement of this Company.

**ARTICLE VI**  
**Management of Company**

The Company will be a member managed company. The name and address of the initial Managing Member is: Waverly Growers Cooperative, 7000 Waverly Road, Post Office Box 287, Waverly, Florida 33877-0287.

**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 and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand this 12th day of September, 2007.

**WAVERLY GROWERS COOPERATIVE,**  
a Florida non-profit corporation

By: \_\_\_\_\_

**John C. Husted, Its General Manager**

STATE OF FLORIDA

COUNTY OF POLK

The foregoing instrument was acknowledged before me this 12 day of September, 2007, by **John C. Husted**, the General Manager of **Waverly Growers Cooperative, a Florida non-profit corporation**, a Member of the Company, on behalf of the corporation, who ☒ is personally known to me or ☐ produced \_\_\_\_\_ as identification.

(SEAL)

Deborah K. Cross  
NOTARY PUBLIC

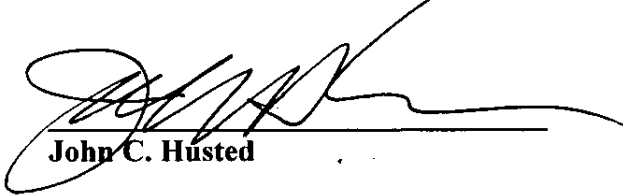
Deborah K. Cross  
Print Name of Notary

My Commission Expires:

NOTARY PUBLIC-STATE OF FLORIDA  
Deborah K. Cross  
Commission # DD615434  
Expires: JAN. 01, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.

## STATEMENT OF REGISTERED AGENT

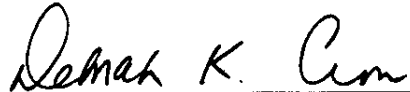
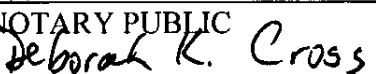
Having been named as Registered Agent and to accept service of process for **PRINCESS GROVE, LLC**, a Florida limited liability company, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the 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.

  
**John C. Husted**


STATE OF FLORIDA  
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 12<sup>th</sup> day of September, 2007, by **John C. Husted**, who [☒] is personally known to me or [☐] produced \_\_\_\_\_ as identification.

(SEAL)

  
NOTARY PUBLIC  
  
Print Name of Notary

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 **Deborah K. Cross**  
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