

L07000126862

(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



400108430234

12/21/07--01020--014 *#25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 21 AM 11:46

J. BRYAN DEC 24 2007

NORM D. FUGATE, P.A.

Attorney at Law

Norm D. Fugate
Board Certified Attorney:
City, County and Local Government Law
Real Estate Law

248 Northwest Main Street
Post Office Box 98
Williston, Florida 32696
(352) 528-0019
(352) 528-4919 Fax

TO: Registration Section
Division of Corporations

SUBJECT: Bayfield Farm, LLC

The enclosed Articles of Organization and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norm D. Fugate
Norm D. Fugate, P.A.
Post Office Box 98
Williston, Florida 32696

For further information concerning this matter, please call:

Norm D. Fugate at (352) 528-0019

Enclosed is a check for the following amount: \$125.00 Filing Fee

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 21 AM 11:46

**ARTICLES OF ORGANIZATION
OF
BAYFIELD FARM, LLC**

ARTICLE I - NAME

The name of the limited liability company is Bayfield Farm, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

17802 N.W. 160th Avenue
Williston, Florida 32696

Mailing Address:

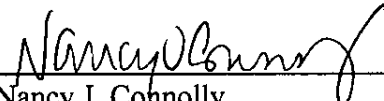
P. O. Box 276
Williston, Florida 32696

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Nancy J. Connolly
17802 N.W. 160th Avenue
Williston, Florida 32696

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..



Nancy J. Connolly

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 21 AM 11:46

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

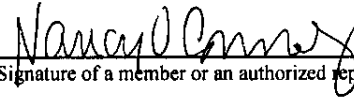
Title:

Name and Address:

Managing Member

Nancy J. Connolly
17802 N.W. 160th Avenue
Williston, Florida 32696

REQUIRED SIGNATURE:



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.)

Nancy J. Connolly

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 21 AM 11:46