

L 08000008053

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(City/State/Zip/Phone #)

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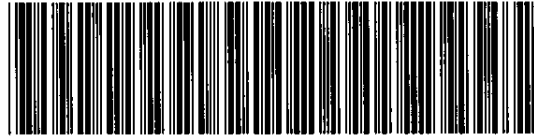
(Business Entity Name)

(Document Number)

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DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
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January 23, 2008

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Half Circle L Management, LLC

**Filing Evidence**

☐ Plain/Confirmation Copy

☒ Certified Copy

**Retrieval Request**

☐ Photocopy

☐ Certified Copy

**Type of Document**

☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include  
Articles & Amendments

☐ Fictitious Name Certificate

☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other - Conv

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

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SECRETARY OF STATE

EFFECTIVE DATE 1/17/08

ARTICLES OF ORGANIZATION  
FOR  
HALF CIRCLE L MANAGEMENT, LLC  
FLORIDA LIMITED LIABILITY COMPANY

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08 JAN 23 AM 7:55  
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TALLAHASSEE, FLORIDA

**ARTICLE I - NAME:**

The name of the Limited Liability Company is: HALF CIRCLE L MANAGEMENT, LLC

**ARTICLE II - ADDRESS:**

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

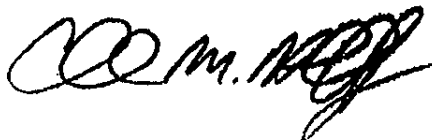
PRINCIPAL OFFICE ADDRESS:  
c/o Half Circle L Management, LLP  
2424 Thorp Road  
Immokalee, FL 34142

MAILING ADDRESS:  
c/o Half Circle L Management, LLC  
2424 Thorp Road  
Immokalee, FL 34142

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:** The Name and the Florida street address of the registered agent are:

Charles M. Kelly, Jr.  
Name  
2390 Tamiami Trail North, Suite 204  
Florida street address (P.O. Box **NOT** acceptable)  
Naples, FL 34103  
City, State, and 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

**ARTICLE IV - MANAGER(S) OF MANAGING MEMBER(S):**

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

TITLE:

"MGR" - Manager

"MGRM" - Managing Member

NAME AND ADDRESS:

MICHAEL K. SCOFIELD

c/o Half Circle L Ranch, LLP, 2424 Thorp Road,  
Immokalee, Florida 34142

MGRM

DANE T. SCOFIELD

c/o Half Circle L Ranch, LLP, 2424 Thorp Road,  
Immokalee, Florida 34142

MGRM

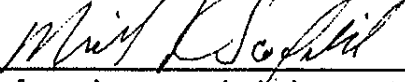
MILES L. SCOFIELD

38 Banyan Road, Naples, Florida 34108

MGRM

**ARTICLE V - EFFECTIVE DATE**

The effective date of HALF CIRCLE L MANAGEMENT, LLC is January 17, 2008.

  
\_\_\_\_\_  
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.)

\_\_\_\_\_  
Michael K. Scofield

**FILING FEES:**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent**

**\$30.00 Certified Copy (OPTIONAL)**

**\$5.00 Certificate of Status (OPTIONAL)**