

W8000052531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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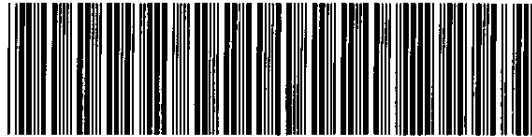
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 MAY 27 PM 1:17

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T. CLINE

MAY 28 2008

EXAMINER

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(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELARTON FARMS, "LLC."
(Name of Partnership)

The enclosed Partnership Registration Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sandra McKean
(Name of Person)

Elarton Farms
(Firm/Company)

1130 Ludlow Ave.
(Address)

Port Charlotte, FL 33953
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra McKean at (941) 622 9823
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELARTON FARMS, "LLC."
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

Sandra McKean
1130 Ludlow Avenue
Port Charlotte, FL 33953

Sandra McKean
1130 Ludlow Avenue
Port Charlotte, FL 33953

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:

Robert Duncan
Name

17466 Foremost Lane
Florida street address (P.O. Box **NOT** acceptable)

Port Charlotte FL 33945
City, State, and Zip

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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 (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

Name and Address:

"MGR"

Sandra McKean
1130 Ludlow Ave
Port Charlotte, FL 33953

"MGRM"

Ronald Elarton
4520 Salzman Road
Middletown, Ohio 45044

(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:

Sandra McKean
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.)

Sandra McKean
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)

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