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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 MAY 23 AM 11:48

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 JUN -3 PM 4:05

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

JUN - 3 2008

EXAMINER

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

850-222

City/ST/Zip

Phone #

DEBIT ALLT

072100000307

FILED
08 JUN -3 PM 1:03
TALLAHASSEE, FLORIDA

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

SANCHEZ PROPERTY, P LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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

<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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2008

ATTORNEYS' TITLE

TALLAHASSEE, FL

SUBJECT: SANCHEZ PROPERTY, LLC
Ref. Number: W08000025640

L03 - 37402

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08 JUN -3 PM 4:05
TALLAHASSEE, FLORIDA

We have received your document for SANCHEZ PROPERTY, LLC and the authorization to debit your account in the amount of \$155.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 008A00032815

**ARTICLES OF ORGANIZATION
FOR
SANCHEZ HW 98, LLC,
A Florida Limited Liability Company**

The undersigned, desiring to form a professional limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, and Chapter 621, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I

Name

The name of this Company shall be **SANCHEZ HW 98, LLC.**

ARTICLE II

Duration

The term of existence of the Company shall be perpetual.

ARTICLE III

Mailing and Street Address

The mailing and street address of the Company is: P.O. Box 9516, Winter Haven, FL 33883 and 2600 Overlook Drive, Winter Haven, Florida, respectively.

ARTICLE IV

Registered Agent and Office

The name and street address of the initial registered agent and office for this Company are as follows: Debra L. Cline, 141 5th Street, Winter Haven, Florida, 33883.

ARTICLE V

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

Additional Members may be admitted upon unanimous consent of the Members of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company and in accordance with applicable law.

ARTICLE VI

Management of Company

The Company is to be a member-managed company.

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08 JUN -3 PM 14:05
TALLAHASSEE, FLORIDA

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 of the Company and in accordance with applicable law.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands this 28th
day of MAY, 2008.

OVERLOOK HARVESTING COMPANY,
LLC, a Florida limited liability company, its
sole member

By: Robert W. Bentley, Jr.
Robert W. Bentley, Jr.
P.O. Box 747
Winter Haven, FL 33882
Member

By: Raymond O. Bentley, Jr.
Raymond O. Bentley, Jr.
P.O. Box 747
Winter Haven, FL 33882
Member

By: Jason P. Bentley
Jason P. Bentley
P.O. Box 747
Winter Haven, FL 33882
Member

STATEMENT OF REGISTERED AGENT

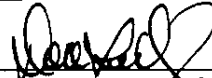
Having been named as Registered Agent to accept service of process for the above-stated limited liability company, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance 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.


Debra L. Cline

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 29th day of May, 2008, by Debra L. Cline, who is personally known to me or produced _____ as identification.

(SEAL)


NOTARY PUBLIC

Print Name of Notary
My Commission Expires:

