

1080000 59235

(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:

1789 6357 2976671

Office Use Only

105-10089  
108-27974



800130894148

06/06/08--01020--022 \*\*155.00

08 JUN 15 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Thomas JUN 17 2008

**LINES, HINSON AND LINES**

LAWYERS

121 NORTH MADISON STREET 32351  
POST OFFICE BOX 550  
QUINCY, FLORIDA 32353

WILLIAM D. LINES (1914 - 1992)  
ALEXANDER L. HINSON  
BLUCHER B. LINES

TELEPHONE (850) 875-1300  
TELECOPIER (850) 875-1350

5 June 2008

Secretary of State  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

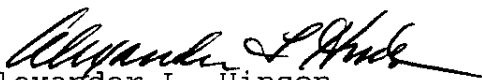
RE: SMITH FAMILY FARMS OF FLORIDA, LLC

To whom it may concern:

Enclosed please find for filing **Articles of Organization**  
**For Florida Limited Liability Company** for the reference  
company. Also enclosed is our firm's check in the amount  
of \$155.00 for filing fee and one certified copy.

Thanking you for your assistance in this matter, I am,

Sincerely,

  
Alexander L. Hinson  
Lines, Hinson and Lines

ALH:kc

Enc.

SECRETARY OF STATE  
FLORIDA

08 JUN 15 AM 10:49

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2008

LINES HINSON AND LINES  
PO BOX 550  
QUINCY, FL 32353

SUBJECT: SMITH FAMILY FARMS OF FLORIDA, LLC  
Ref. Number: W08000027974

We have received your document for SMITH FAMILY FARMS OF FLORIDA, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is L05000010089.

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) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 908A00035426

08 JUN 16 AM 10:49

FILED

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is : **Smith Family Farms of North Florida, LLC.**

**ARTICLE II - Address:**

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

**Principal Office Address:**

1502 Lakewood Drive  
Bainbridge, GA 39819

**Mailing Address:**

1502 Lakewood Drive  
Bainbridge, GA 39819

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

**Alexander L. Hinson  
1350 Attapulugus Highway  
Quincy, FL 32352**

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, Florida Statutes.



Alexander L. Hinson  
Registered Agent

**ARTICLE IV - Members:**

The names and addresses of the Members of the Company are as follows:

**Name and Address:**

**Judith S. Maxwell  
1502 Lakewood Drive  
Bainbridge, GA 39819**

**- As to a one-fourth (1/4) interest**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 JUN 16 AM 10:49

FILED

Tillie S. Tice  
4922 Park Phillips Court  
Charlotte, NC 28210

- As to a one-fourth (1/4) interest

Sandra S. Higdon  
P. O. Box 13032  
Tallahassee, FL 32317

- As to a one-fourth (1/4) interest

Thomas B. Smith  
4340 Greensboro Highway  
Quincy, FL 32351

- As to a one-fourth (1/4) interest

**ARTICLE V: Manager(s) or Managing Member(s):**

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

**Title:**

**Name and Address:**

"MGR" - Manager

"MGRM" - Managing Member

MGRM

Judith S. Maxwell  
1502 Lakewood Drive  
Bainbridge, GA 39819

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

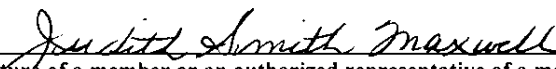
08 JUN 16 AM 10:49

FILED

**ARTICLE VI:** 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:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

Judith S. Maxwell  
Typed or printed name of signee

(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.)