

LV80000074907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

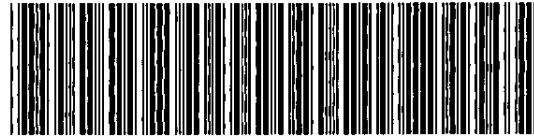
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/05/08--01006--023 **155.00

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08 AUG - 5 PM 2: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

2008 AUG - 5 PM 1: 12

NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

B. KOHR

AUG - 5 2008

EXAMINER

WALK IN / PICK UP REQUEST

B&B

Butterfield & Butterfield Corporate Services, LLC

2603 Rippee Road

Tallahassee, FL 32303

850-329-7805

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TALLAHASSEE, FLORIDA

TARGET ENTITY(IES)

DOCUMENT NUMBER

SUN DRENCHED FARMS, LLC

CERTIFICATION

Certificate of Good Standing _____
Certified Copy (Arts/Amend) XX
Other _____
Description _____

FILINGS

Articles of Incorporation _____
Articles of Organization XX
Cert. of Limited Partnership _____
Annual Report _____
Reinstatement _____
Dissolution / Withdrawal _____
Amendment _____
Fictitious Name _____
Other Filing Type _____
Description _____

APOSTILLE

Apostille / Notarial Certificate _____
Country _____
Number of Documents _____

SPECIAL REQUEST

**Please call me at the above
number when request is
ready for pick up.**

THANK YOU!!

Jeffrey

TIME: _____
DATE: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SUN DRENCHED 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:

27373 West Highway 176

Wauconda, Illinois 60084

Mailing Address:

27373 West Highway 176

Wauconda, Illinois 60084

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:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston

FL 33331

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.

NRAI Services, Inc.

By: 

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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

Vern Meyer

27373 West Highway 176

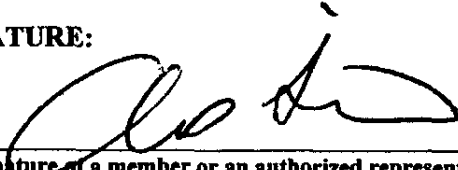
Wauconda, Illinois 60084

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A (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.

(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.)

Alan D. Leib, Authorized Representative

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)