0900000/068

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Effective Date 01/01/09

09 JAN -5 PM 1:50

T. HAMPTON

JAN - 6 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C						
CIIDI	nor. Hump	hrey Family Farm,	LLC				
SOBJ	(Name of Limited Liability Company)						
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing	,			
Please	return all corres	pondence concerning this mat	ter to the following:	: .			
	Adron H	Humphrey					
	- 101011111	· · · · · · · · · · · · · · · · · · ·	(Name of Person)	<u> </u>			
	(Firm/Company)						
	2031 Poe	Street					
	· · · ·		(Address)				
	Lakeland	, FL 33801-6045					
		(Cit	y/State and Zip Code)			
For fu	rther information	concerning this matter, please	e call:				
Adr	on Humph	rey	at (863	665-667	'3		
	(Nam	e of Person)	(Area Code & Daytime Telephone Number)				
Enclo	sed is a check f	or the following amount:	•				
] \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop (additional copy	у	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bo 2661 Exc	urier Address on Section of Corporation uilding cutive Center (ee, FL 32301	s		

01/01/09 Effective Date

A

RTICLES OF ORGANIZATION 1	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Cor	mpany is:
Humphrey Family Farm, LL0	
	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address Principal Office Address:	of the principal office of the Limited Liability Company is: Mailing Address:
13724 218th Lane NW	2031 Poe Street
Alachua, FL 32615	Lakeland, FL 33801-6045

Adron H. Humphrey Name 2031 Poe Street Florida street address (P.O. Box NOT acceptable) Lakeland, FL 33801-6045

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) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
WGKW Wanaging Weineer		
MGR	Vickie J. Humphrey	
	2031 Poe Street	
	Lakeland, FL 33801-6045	
MGRM	Adron H. Humphrey	
	2031 Poe Street	
	Lakeland, FL 33801-6045	
		
		
		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>January 1, 2009</u>. (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.)

Adron H. Humphrey

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)