

LD90000017825

Florida Department of State
Division of Corporations
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L. SELLERS

FEB 24 2009

To:
Division of Corporations
Fax Number : (850) 617-6383

EXAMINER

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SCOTT THOMAS FARMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED
09 FEB 23 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
09 FEB 23 AM 8:09
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SCOTT THOMAS FARMS, LLC**ARTICLE II - Address:**

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

Principal Office Address:18413 S.W. 69TH LOOP
DUNNELLON, FL 34432**Mailing Address:**18413 S.W. 69TH LOOP
DUNNELLON, FL 34432**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

SCOTT C. THOMAS, JR.

Name

18413 S.W. 69TH LOOPFlorida street address (P.O. Box **NOT** acceptable)DUNNELLON, FL 34432

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.

X



Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE FLORIDA

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:

MGRM

SCOTT C. THOMAS, JR.

18413 S.W. 69TH LOOP

DUNNELLON, FL 34432

MGRM

SARAH C. THOMAS

18413 S.W. 69TH LOOP

DUNNELLON, FL 34432

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

JUSTIN T. REED, Organizer

Typed or printed name of signer

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)