

L090000050382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

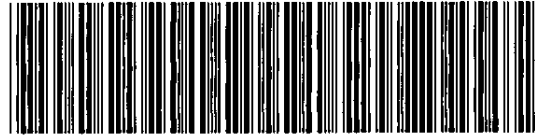
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800156010678

05/26/09--01001--014 **125.00

RECEIVED
09 MAY 22 PM 3:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAY 26 2009
EXAMINER

FILED
09 MAY 22 AM 9:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: TRICIA TADLOCK

DATE: 05/22/09

REF. #: 0314.104646

CORP. NAME: BLACK HAMMOCK ISLAND FARMS, LLC

FILED
09 MAY 22 AM 9:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 530395 FOR \$ 125.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

FILED
09 MAY 22 AM 9:35
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

BLACK HAMMOCK ISLAND FARMS, LLC

Pursuant to the Florida Limited Liability Act, Chapter 608, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I NAME

The name of the limited liability company (the "Company") shall be BLACK HAMMOCK ISLAND FARMS, LLC.

ARTICLE II DURATION

Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in Subsection 608.402(24) of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III ADDRESS

The mailing address and the street address of the principal office of the Company shall be 15860 Sawpit Road, Jacksonville, Florida 32226.

ARTICLE IV REGISTERED AGENT

The Company hereby designates CorpDirect Agents, Inc., as its initial Registered Agent, and the initial registered office of the Company shall be 515 East Park Avenue, Tallahassee, Florida 32301.

ARTICLE V ADDITIONAL MEMBERS

Additional members (as the term "member" is defined in Subsection 608.402(21) of the Act) may be admitted at such times and on such terms and conditions as provided in the Operating Agreement of the Company.

**ARTICLE VI
CONTINUATION OF BUSINESS**

The remaining members of the Company may continue its business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of the member or members in the Company as provided in the Act or the Operating Agreement of the Company.

**ARTICLE VII
MANAGEMENT OF THE COMPANY**

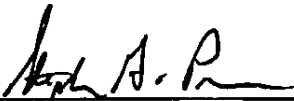
The Company will be a member managed company managed by one of its members in accordance with and subject to the requirements of the Act and the Operating Agreement of the Company.

IN WITNESS WHEREOF, the undersigned, being the Authorized Representative of a Managing Member of the Company, has executed the Articles of Organization on behalf of the Company in accordance with Subsection 608.407(4) of the Act.

Dated as of this 22nd day of May, 2009.

BLACK HAMMOCK ISLAND FARMS, LLC

By: _____


Stephen G. Prom, Esquire
Authorized Representative of a Member

ACCEPTANCE OF REGISTERED AGENT DESIGNATION FOR:

BLACK HAMMOCK ISLAND FARMS, LLC

Having been named as registered agent and to accept service of process for the aforementioned entity 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 provision 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.

CorpDirect Agents, Inc.

By: Patricia Tadlock, Esq.
It's Agent: Patricia Tadlock