L09000064744

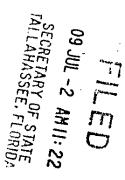
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	· · · · · ·

Office Use Only



900157822399

07/02/09--01034--004 **130.00



J. BRYAN

1111 - 6 5008

EXAMINER

COVER LETTER

Division of	Corporations		
SUBJECT:	MESA VERDE F	ARM LLC	
	Name of Limited	Liability Company	.,
The enclosed Articles	s of Organization and fee(s) are sul	bmitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	BRETT	A. BRINKMAN	
	N	ame of Person	
 	F	irm/Company	
	17330 NE 60Ti		09 SE
	17530 NE 0011	Address	ECR
	WILLISTON, FI	L. 32696	L-2 L-2 HASS
	·	tate and Zip Code	F A
	bbrink352@aol	com	FE ST
For further information	E-mail address: (to be used for on concerning this matter, please ca	future annual report notification)	AH II: 22 OF STATE EE, FLORIDA
	BRINKMAN	337 896_7078	
	ne of Person	Area Code & Daytime Telepho	
Enclosed is a check	for the following amount:		
_	EX \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	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	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ	:le

Tailahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compan	v is:	
•	•	
MESA VERDE FARM LL	oC .	
(Must end with the words "Limited	Liability Company," "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street address of the	he principal office of the Limited Liability Company i	s:
Principal Office Address:	Mailing Address:	
17330 NE 60TH STREET	5772 SW 40TH PLACE	
WILLISTON, FL. 32696	OCALA, FL. 34474	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own l business entity with an active Florida registration.)	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another	
The name and the Florida street address of		
BRETT A. BRIN	KMAN AR ST	į
N	Name HASSE	
5772 SW 40TH	PLACE PLACE	ŀ
Florida street address	(P.O. Box NOT acceptable)	
OCALA	n 34474 ≅	

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)

City, State, and Zip

(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:

MGRM	95 % -	BRETT A. BRINKMAN 5772 SW 40TH PLACE
		OCALA, FL. 34474
MGR	5%	PATRICIA D. NEWQEBAVER
	-	528 CRESTLAWN DRIVE
		LAFAYETTE, LA. 70503
	-	TARY OF F
Use attachment if	necessary)	STATE ORIN,
EV: Effective dat	te, if other than the	e date of filing: (OPTION
		be specific and cannot be more than five business d
lays after the date	of filing.)	

(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.)

A. BRI nkm and
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)