

LD9000-105854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

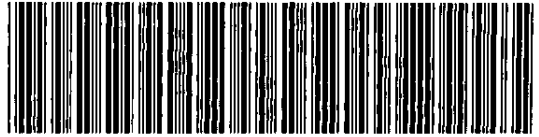
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 3 2009

EXAMINER

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**Knott, Consoer, Ebelini  
Hart & Swett, P.A.**

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A T T O R N E Y S - A T - L A W

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George H. Knott \*+  
George L. Consoer, Jr. \*\*  
Mark A. Ebelini  
Thomas B. Hart  
H. Andrew Swett  
Aaron A. Haak++

\* Board Certified Civil Trial Lawyer  
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Michael E. Roeder, AICP  
Director of Zoning  
and Land Use Planning

October 30, 2009

VIA CERTIFIED MAIL  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

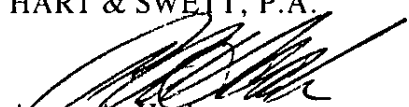
RE: Florida Agribusiness, LLC

Dear Sir or Madam:

Enclosed please find Cover Letter, Articles of Organization for Florida Liability Company and my check in the amount of \$130.00. The enclosed check represents the filing fee and Certificate of Service. If you have any questions regarding the enclosed, please do not hesitate to contact me.

Sincerely,

KNOTT, CONSOER, EBELINI,  
HART & SWETT, P.A.



Aaron A. Haak  
AAH/jk  
Enclosures

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Agribusiness, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron A. Haak, Esq.

Name of Person

Knott, Consoer, Ebelini, Hart & Swett, P.A.

Firm/Company

1625 Hendry Street, Suite 301

Address

Fort Myers, Florida 33901

City/State and Zip Code

AHaak@Knott-Law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron A. Haak, Esq.

Name of Person

at ( 239 )

334-2722

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☒ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & 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 Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Agribusiness, 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:

2234 Oxford Ridge Circle  
Lehigh Acres, Florida 33973

#### Mailing Address:

P.O. Box 1289  
Fort Myers, Florida 33902

### 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:

Aaron A. Haak, Esq.

Name

1625 Hendry Street, Suite 301

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

Fort Myers 33901 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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)

FILED

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Michael Shane Sands

2234 Oxford Ridge Circle

Lehigh Acres, Florida 33973

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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.)

Aaron A. Haak, Esq.

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)