

L10000007063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

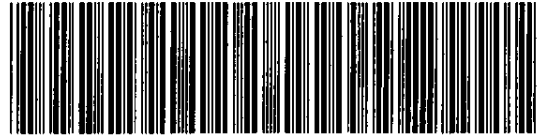
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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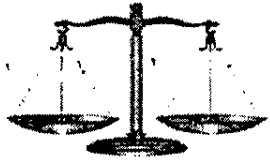
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10 JAN 19 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 20 2009

EXAMINER



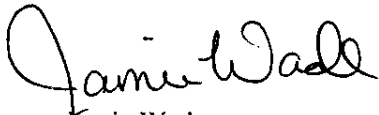
A. Clay Milton, PL
ATTORNEY AT LAW

January 15, 2010

Florida Department of State
Attn: Division of Corporation
P.O. Box 6327
Tallahassee, FL 3231

Please find enclosed an Article of Organization for **Ball Farms, LLC** along with a check for filing fees and Certificate of Status. Also enclosed, a signed letter from Isaac M, Ball, Managing Member of **I.M. Ball Farms, LLC**, formally known as Ball Farms, LLC, granting permission to Gregory M. Ball to use the Limited Liability Company name **Ball Farms, LLC**.

Thank you,


Jamie Wade
Legal Assistant

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ball Farms, 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:

A. Clay Milton, Esq
Name of Person

A. Clay Milton, PL
Firm/Company

P.O. Box 1591
Address

Marianna, FL 32447
City/State and Zip Code

ballfarm@wfeca.net
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

A. Clay Milton at (**850**) **482-2330**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

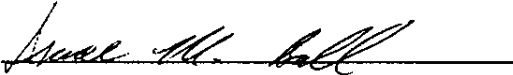
- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

January 11, 2010

I, Isaac M. Ball, Managing Member of I.M. Ball Farms, LLC, a Florida limited liability company f/k/a Ball Farms, LLC, hereby authorize Gregory M. Ball to use the name Ball Farms, LLC for use of his limited liability company.



I.M. Ball Farms, LLC

By: Isaac M. Ball, Managing Member

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ball Farms, 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:

Mailing Address:

3403 Sapp Road
Cottdale, FL 32431

P.O. Box 207
Cottdale, FL 32431

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:

Gregory Ball

Name

3403 Sapp Road

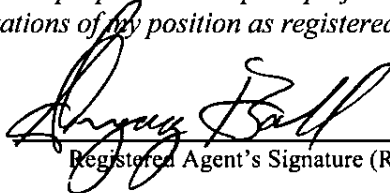
Florida street address (P.O. Box **NOT** acceptable)

Cottdale, 32431 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)

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

Gregory Ball

P.O. Box 207

Cottondale, FL 32431

(Use attachment if necessary)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

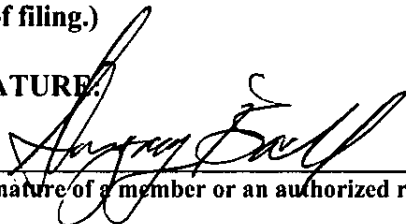
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ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Gregory Ball

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)