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Florida Department of State

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To:

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

From:

Account Name : THOMAS K. BOARDMAN, P.A.
Account Number : 102350003270
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SECRETARY OF STATE
TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.
BOX ELEVEN RANCH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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T. HAMPTON

JUN 11 2010

EXAMINER

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ARTICLES OF ORGANIZATION

OF

BOX ELEVEN RANCH, LLC

The undersigned member desires to form a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

CHARTER

ARTICLE I

NAME

The name of the limited liability company shall be BOX ELEVEN RANCH, LLC.

ARTICLE II

The mailing address and street address of the principal office of this limited liability company shall be 1201 Orchid Avenue, Immokalee, Florida 34142.

ARTICLE III

DURATION

This limited liability company shall exist until January 31, 2040, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY:

Thomas K. Boardman
 THOMAS K. BOARDMAN, P.A.
 1400 North 15th Street, Suite 201
 Immokalee, Florida 34142
 (239) 657-4418
 Florida Bar No. 103581

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ARTICLE IV
MANAGEMENT

This limited liability company shall be managed by one of its members. The name and address of the initial managing member is as follows:

Cecil R. Howell, Jr.
1201 Orchid Avenue
Immokalee, Florida 34142

ARTICLE V
RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent or as otherwise provided by the Operating Agreement. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

ARTICLE VI
MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at Immokalee, Florida, on June 9th, 2010.

Cecil R. Howell, Jr.
CECIL R. HOWELL, JR.

STATE OF FLORIDA
COUNTY OF COLLIER

The foregoing instrument was sworn to and acknowledged before me this 9th day of June, 2010, by CECIL R. HOWELL, JR., who is ☒ personally known to me or ☐ who has produced _____ as identification.



Kerensa M. Clark
NOTARY PUBLIC
Name: Kerensa M. Clark

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

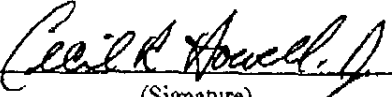
1. The name of the limited liability company is: BOX ELEVEN RANCH, LLC
2. The name and address of the registered agent and office is:

CECIL R. HOWELL, JR.
(Name)

1201 Orchid Avenue
(P.O. Box not acceptable)

Immokalee, Florida 34142
(City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.


(Signature)

(Date)

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