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(Req	uestor's Name)	
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NALLAHASSEE, FLANE, 19

COVER LETTER

TO:

Registration Section

Division of Co	rporations				
l bt-	. Familia de la decadada a 1	, 1			
SUBJECT: Hymon's	نة Farming Industries كـــ Name of Limite	ed Liability Comp	oanv	 -	
	, . 	- u			
The enclosed Articles of	Organization and fee(s) are	submitted for filir	ıg.		
Please return all corresp	ondence concerning this matt	er to the followin	g:		
James E hym	on				
		Name of Person			
Hymon's Farn	ning Industries				
		Firm/Company			
122 South Sh	adow Bay Drive				
122 000	adon Bay Billo	Address			
Orlando Flor	, , , , , , , , , , , , , , , , , , , 	y/State and Zip Coo			,
pathym1957@	·	y/State and Zip Coo	ic		
patriyirrissi	E-mail address: (to be used f	or future annual rep	port notification	n)	·
For further information	concerning this matter, please	call:			
lana an dhuman			247 566	24	
James Hymon	of Person	_ at (<u>407</u> Area Coo			one Number
			·	•	
Enclosed is a check for	or the following amount:				
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	2\$155.00 Fili Certified Co (additional co	•		\$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	Registra Division Clifton 2661 Ex	Courier Addra ation Section of Corporati Building secutive Centerssee, FL 3230	— ions er Cii	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Hymon's Farming Industries		
(Must end with the words "Lii	nited 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
Principal Office Address:	Mailing Address:	
122 South Shadow Bay Drive	122 South Shadow Bay Drive	
Orlando Florida 32825	Orlando, Florida	-
	egistered Office, & Registered Agent's Sign	
	egistered Office, & Registered Agent's Signation own Registered Agent. You must designate an individual or	
(The Limited Liability Company cannot serve as its	egistered Office, & Registered Agent's Signation own Registered Agent. You must designate an individual or	another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.	egistered Office, & Registered Agent's Signation own Registered Agent. You must designate an individual or	another
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signate own Registered Agent. You must designate an individual or s of the registered agent are:	another 10 JUN
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or s of the registered agent are: Name Name We Bay Drive	another 10 JUN 17 P
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address James E Hymon 122 South Shado	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or s of the registered agent are: Name Name We Bay Drive	another 10 JUN 17 P
(The Limited Liability Company cannot serve as its business entity with an active Florida registration. The name and the Florida street address James E Hymon 122 South Shado	egistered Office, & Registered Agent's Signature own Registered Agent. You must designate an individual or so of the registered agent are: Name Warne Was Bay Drive	another 10 JUN 17 P

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)
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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managi	g Member
MGR	James E Hymon
	122 South Shadow Bay Drive
	Orlando Florida 32825
MGR	Patricia Hymon
	122 South Shadow Bay Drive
	Orlando Florida 32825
	And the state of t
 	
(Use attachment if n	•
CLE V: Effective date	if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days p f filing.)
CLE V: Effective date effective date of days after the date REQUIRED SIGN	if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days p f filing.) ATURE:
CLE V: Effective date effective date to days after the date REQUIRED SIGN	if other than the date of filing: (OPTIONAL) the date must be specific and cannot be more than five business days p f filing.)
CLE V: Effective date effective date of days after the date REQUIRED SIGN	if other than the date of filing:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)