L110000041676

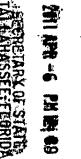
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:		

Office Use Only



900200347749

04/06/11--01013--004 **160.00





C. LEWIS APR 7 2011 EXAMINER

BONDURANT AND FUQUA, P.A. ATTORNEYS AT LAW

4450 LAFAYETTE STREET
POST OFFICE BOX 1508
MARIANNA, FLORIDA 32447

FRANK E. BONDURANT

TELEPHONE: (650) 526-2263/EXT. 29

FACSIMILE: (850) 526-5947 E-mail: fbondurant@embargmail.com H. MATTHEW FUQUA

TELEPHONE: (850) 526-2263/EXT. 30

FACSIMILE: (850) 526-5947 E-mail: mfuqua@embarqmail.com

April 4, 2011

Corporate Records Bureau Division of Corporations Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

Re:

Atkinson Farms, L.L.C.. Articles of Organization

Dear Sir:

Enclosed please find the original and one copy of the Articles of Organization for Atkinson Farms, L.L.C., for filing. You will also find enclosed our check in the amount of \$160.00 to cover the following costs:

Filing Fees	\$100.00
Designation of Resident Agent	\$ 25.00
Certified Copy of Articles	\$ 30.00
Certificate of Status	\$ 5.00
TOTAL	\$160.00

Your prompt attention in this regard is greatly appreciated.

Sincerely,

H. Matthew Fuqua For the Firm

HMF/st

Enc:

TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: ATKINSON FARMS, L.L.C.

The enclosed Articles of Organization and fees are submitted for the filing.

Please return all correspondence concerning this matter to the following:

H. Matthew Fuqua, Esq. Bondurant & Fuqua, P. A. Post Office Box 1508 Marianna, Florida 32447 mfuqua@embargmail.com

For further information concerning this matter, please call:

Suzy Thompson 850-526-2263 suthomp@embargmail.com

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 enclosed)

\$160.00 Filing Fee &
Certificate of Status &
Certified Copy
(Additional copy enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399 **MAILING ADDRESS:**

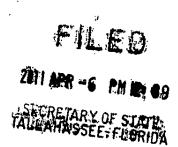
Registration Section Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

(850-245-6051)

ARTICLES OF ORGANIZATION

FOR

ATKINSON FARMS, LLC.



ARTICLE I - NAME

The name of the Limited Liability Company is ATKINSON FARMS, L.L.C..

ARTICLE II - ADDRESS

The mailing and street of the principal office of the Limited Liability Company is:

Principal Office Address: 8004 Church Street Sneads, Florida 32460

Mailing Address: Post Office Box 687 Sneads, Florida 32460

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT'S SIGNATURE

The address of the initial registered office of the limited liability company is 4450 Lafayette Street Marianna, Jackson County, Florida 32446.

The name and street address of the initial registered agent are:

H. Matthew Fuqua, Esq. 4450 Lafayette Street Marianna, Florida 32446

The mailing address of the initial registered agent is

Post Office Box 1508 Marianna, Florida 32447

Having been named as registered agent 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 property 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, Florida Statutes.

MATTHEW FUQUA Signature of Registered Agent

MANAGER(S) OR MANAGING MEMBER(S)

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

TALLAHASSEE. FEBRUAR

<u>Title</u>

Name and Address

MGRM

Niel S. Atkinson, Jr. 8004 Church Street Post Office Box 687 Sneads, Florida 32460

EXECUTED by the undersigned at Marianna, Florida, this ______day of _______, 2011.

MÉCS. ATKINSON, JE 8004 Church Street Post Office Box 687 Sneads, Florida 32460

(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 state herein are true).