

L110000 49933

(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



900201082489

RECEIVED

11 APR 27 PM 1:42

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 27 AM 9:20



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 757442 9534A

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 27 AM 9:20

ORDER DATE : April 27, 2011

ORDER TIME : 11:16 AM

ORDER NO. : 757442-010

CUSTOMER NO: 9534A

DOMESTIC FILING

NAME: R.D.A.I.T. FARM, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XXX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XXX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT. 2962

EXAMINER'S INITIALS: _____

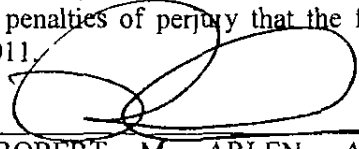
**ARTICLES OF ORGANIZATION FOR
R.D.A.I.T. FARM, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 27 AM 9:20

THE UNDERSIGNED, ROBERT M. ARLEN, being the attorney for DALLAS D. APELGREN as Trustee of the ROBERT D. APELGREN IRREVOCABLE TRUST dated September 13, 1984, being the sole member of R.D.A.I.T. FARM, LLC; for the purpose of creating the Florida limited liability company under Chapter 608 Florida statutes, does hereby execute these Articles of Organization and would state:

1. **Name:** The name of the limited liability company is R D A I T. FARM, LLC.
2. **Principal Office:** The mailing address and street address of the principal office of the limited liability company is c/o Dallas D. Apelgren, Apelgren Corp, 800 McClure Road, PO Box 200, Pahokee, FL 33476.
3. **Registered Agent and Office:** ROBERT M. ARLEN is hereby appointed as registered agent for the limited liability company His office address is: 101 S E 6th Avenue, Suite D, Delray Beach, FL 33483. His signature and acceptance are provided below
4. **Manager:** This is a manager managed LLC The manager of the LLC is DALLAS D. APELGREN The address of the manager is c/o Apelgren Corp., 800 McClure Road, PO Box 200, Pahokee, FL 33476.

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. Executed this 27 day of April, 2011.



ROBERT M. ARLEN, Attorney and Authorized
Representative of the ROBERT D. APELGREN
IRREVOCABLE TRUST dated 9/13/84

Acceptance of Registered Agent

I, ROBERT M. ARLEN, having been named as Registered Agent and to accept service of process for the above named limited liability company at the place designated in paragraph 3 above, do hereby accept my 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 Florida Statutes.



ROBERT M. ARLEN, Registered Agent