

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000261923 3)))



H110002619233ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : HENDERSON, FRANKLIN, STARNES & HOLT,
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1200

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FILED
11 NOV -2 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
LIPMAN-PORTLAND, LLC

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

RECEIVED

11 NOV -2 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV -3 2011

EXAMINER

FAX AUDIT NO.: H11000261923 3

**ARTICLES OF ORGANIZATION
OF
LIPMAN-PORTLAND, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be LIPMAN-PORTLAND, LLC (the "Company").

ARTICLE II-STREET ADDRESS

The street address of the principal office of the Company is:

315 East New Market Road
Immokalee, Florida 34142

ARTICLE III-MAILING ADDRESS

The mailing address of the principal office of the Company is:

P.O. Box 3088
Immokalee, Florida 34143

ARTICLE IV-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE V-INITIAL REGISTERED AGENT AND OFFICE

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

Name

Address

GUY E. WHITESMAN

1715 Monroe Street
Fort Myers, Florida 33901

ARTICLE VI-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be

FAX AUDIT NO.: H11000261923 3

FILED
11 NOV -2 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H11000261923 3

organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VII-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name

Address

KENT SHOEMAKER

315 East New Market Road
Immokalee, Florida 34142

ARTICLE VIII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 2nd day of November, 2011.


GUY E. WHITESMAN
Authorized Representative

FILED
11 NOV -2 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H11000261923 3

FAX AUDIT NO.: H11000261923 3

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY 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: LIPMAN-PORTLAND, LLC.
2. The name and address of the registered agent and office is:

Guy E. Whitesman
1715 Monroe Street
Fort Myers, Florida 33901

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.



GUY E. WHITESMAN
Registered Agent

FILED
11 NOV -2 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H11000261923 3