

L11000140436

(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:

**A. LUNT**  
DEC 14 2011  
**EXAMINER**

Office Use Only



700215088107

12/13/11--01029--006 \*\*155.00

2011 DEC 13 PM 3:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



**BERMAN ROSENBACH**  
A PROFESSIONAL CORPORATION  
ATTORNEYS AT LAW

10 MADISON AVENUE  
POST OFFICE BOX 1916  
MORRISTOWN, NEW JERSEY 07962-1916

WILLIAM J. BERMAN\*△  
PHILIP ROSENBACH\*△

973.206.8200  
FAX 973.206.8201  
www.bermanrosenbach.com

Writer's Direct Line: 973.206.8200 x 22  
e-mail wjb@brglaw.com

MEMBER  
\*NEW JERSEY BAR  
△NEW YORK BAR

December 8, 2011

**VIA UPS**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Re: Request to file Articles of Organization for  
Florida Limited Liability Company  
5375 NW 115 Avenue, LLC**

FILED  
2011 DEC 13 PM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed herewith please find an original and one (1) copy of Articles of Organization regarding the above referenced entity. Enclosed please find my check in the amount of \$155.00 constituting your filing fee and the fee for a certified copy. Kindly file the enclosed upon receipt of this letter and return the certified copy to the undersigned in the enclosed, stamped, self-addressed envelope.

If you have any questions concerning this request, please contact me directly at 973-206-8200.

Thank you for your anticipated cooperation and attention.

Very truly yours,

BERMAN ROSENBACH, P.C.

By:   
WILLIAM J. BERMAN

WJB/kg  
Enclosures

cc: Mr. Emil J. Spadone, Jr.  
Managing Member  
5375 NW 115 Avenue, LLC  
(via email w/ enclosure)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

5375 NW 115 Avenue, LLC.

(Must end with the words "Limited 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 is:

**Principal Office Address:**

5375 Northwest 115 Avenue  
Ocala, Florida 33482

**Mailing Address:**

c/o Redfield Farm, LLC  
237 Old Turnpike Road  
Califon, New Jersey 07830

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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


Emil J. Spadone, Jr.  
Name

5845 Northwest 115 Avenue  
Florida street address (P.O. Box **NOT** acceptable)

Ocala FL 34482  
City, State, and Zip

2011 DEC 13 PM 3:10  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

By Emil J. Spadone, Jr.  
  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

Emil J. Spadone, Jr.  
5845 NW 115 Avenue  
Ocala, FL34482

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2011 DEC 13 PM 3:10

FILERS

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: Filing Date. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Emil J. Spadone, Jr.

Typed or printed name of signee

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)