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| (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: |
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EXAMINER



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SECRETARY OF STATE
OFFICER OF CORPORATION

COVER LETTER

| TO: | Registration Section Division of Corporations |
|----------|---|
| SUBJE | AJ & D Land Holdings,LLC |
| SCDGL | Name of Limited Liability Company |
| The end | closed Articles of Organization and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Sharon C. Richardson |
| Please 1 | return all correspondence concerning this matter to the following: |
| - | Sharon C. Richardson |
| • | , |
| | Firm/Company |
| _ | 1625 Metropolitan Circle, Ste A |
| | Address |
| _ | Tallahassee, Florida, 32308 City/State and Zip Code |
| | scrichardsoncpa@embarqmail.com |
| - | E-mail address: (to be used for future annual report notification) |
| For furt | her information concerning this matter, please call: |
| Share | on C. Richardson at (850) 385-0729 |
| | Name of Person Area Code & Daytime Telephone Number |
| Enclose | ed is a check for the following amount: |
| \$125.00 | Filing Fee \$\sum \\$130.00 \text{ Filing Fee & Certificate of Status}\$\$155.00 \text{ Filing Fee & Certificate of Status}\$\$\$Certified Copy (additional copy is enclosed)\$\$\$Certified Copy (additional copy is enclosed)\$\$\$\$ |
| | Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| A | RT | 'IC | LE | I - | N: | am | e: |
|---|----|-----|----|-----|----|----|----|
| | | | | | | | |

The name of the Limited Liability Company is:

AJ & D Land Holdings, 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: | Mailing Address: | | |
|---------------------------|--------------------------|--|--|
| 1625 Metropolitan Circle | 1625 Metropolitan Circle | | |
| Tallahassee, FL 32308 | Tallahassee, FL 32308 | | |
| | | | |

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:

| Shar | on C. Richardson | | |
|---|-----------------------|--|--|
| | Name | | |
| 1625 Met | tropolitan Cir, Ste A | | |
| Florida street address (P.O. Box NOT accept | | | |
| Tallahassee | _{FL} 32308 | | |
| | City, State, and Zip | | |

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> | Name and Address: |
|--|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | • |
| , | |
| MGRM | Mosley Hall Farms, LLC |
| | 21522 Ibis Lane |
| | Perry, FL 32348 |
| MGRM | Blue Sink Holdings, LLC |
| | 1625 Metropolitan Circle, Suite A |
| | Tallahassee, FL 32308 |
| | Tana. (60000), T. 52000 |
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| (Use attachment if necessary) | |
| ICLD II DOS de la desta de | A LA CONTROLLA |
| | an the date of filing: (OPTIONAL |
| | nust be specific and cannot be more than five business days |
| 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.)

Sharon C. Kicha 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)