Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

EFFECTIVE DATE 01-09-14

From:

Account Name : DENNIS L. HORTON, P.A.

Account Number: I20000000172 : (352)394-4008 Phone : (352)394-5805 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO. BEE CROP POLLINATING, LLC

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JAN 15 2014

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ARTICLES OF ORGANIZATION OF BEE CROP POLLINATING, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I Name

The name of the Limited Liability Company is BEE CROP POLLINATING, LLC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is 900 West Highway 50, Clermont, Florida 34711.

ARTICLE III Purpose

The purpose for which this limited liability company is organized is to transact any and all lawful business for which limited liability companies may be organized under the laws of the State of Florida, and to have all powers which are afforded limited liability companies under the laws of the State of Florida.

ARTICLE IV Duration

The duration of this limited liability company shall be perpetual.		78.7
	7.	<u> </u>
ARTICLE V		
Initial Members	<u> </u>	
The number of members of this limited liability company is one (1).		

ARTICLE VI Management

This limited liability company will be managed by the following member only: JOAN

McALISTER, 136 Nautica Mile Drive, Clemont, Florida 34711.

ARTICLE VII REGISTERED AGENT AND REGISTERED OFFICE

The name and the Florida street address of the initial registered agent are DENNIS L. HORTON, 900 West Highway 50, Clermont, Florida 34711.

ARTICLE VIII COMMENCEMENT OF EXISTENCE

This limited liability company shall commence its existence on the 9 day of January, 2014.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this <u>IO</u> day of January, 2014.

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOAN MCALISTER

STATE OF FLORIDA COUNTY OF LAKE

The foregoing instrument was acknowledged before me on ________, 2014; by JOAN McALISTER, as Member/Manager of BEE CROP POLLINATING, LLC, who produced for identification.



Notary Public State of Florida

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DENNIS L. HORTON Registered Agent