

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : MIZELL LAW FIRM, P.A.
Account Number : I20060000056
Phone : (941) 575-9291
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SECRETARY OF STATE
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Recpt@mizell-law.com

FLORIDA LIMITED LIABILITY CO.
Negley Apiaries, LLC

Certificate of Status	0
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Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLES OF ORGANIZATION
OF
NEGLEY APIARIES, LLC**

Pursuant to Section 605.0201, Florida Statutes, these Articles of Organization for a limited liability company provide that:

ARTICLE I - NAME

The name of the limited liability company is NEGLEY APIARIES, LLC.

ARTICLE II - ADDRESS

The mailing address of the principal office of the limited liability company is 1299 SE CR 760A, Arcadia, FL 34266, and the street address of the principal office of the limited liability company is 1299 SE CR 760A, Arcadia, FL 34266.

ARTICLE III - REGISTERED AGENT

The name and street address of the initial registered agent for service of process is JOHN B. MIZELL, c/o Mizell Law Firm, P.A., 331 Sullivan Street, Punta Gorda, FL 33950.

ARTICLE IV - MANAGEMENT

The Company is to be managed by one or more managers and therefore is a manager-managed company. The name and address of the two managers each of whom is authorized to manage and control the limited liability company are as follows:

<u>Title:</u>	<u>Name and Address:</u>
Manager	MARK F. NEGLEY 1299 SE CR 760A Arcadia, FL 34266
Manager	MARK A. NEGLEY 1299 SE CR 760A Arcadia, FL 34266

ARTICLE V - DURATION

The duration of this Company shall be perpetual.

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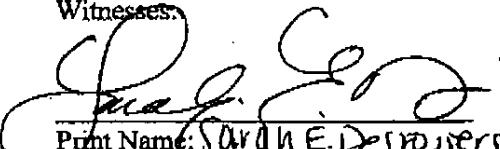
ARTICLE VI - PURPOSE

The purpose for which this Company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under Section 605.0108(2) of the Florida Statutes.

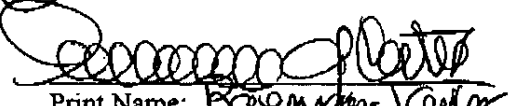
(In accordance with section 605.0203(1)(b) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated therein are true. The undersigned is aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in F.S. 817.155).

IN WITNESS WHEREOF, the undersigned, has hereunto subscribed her name and affixed her seal this 16 day of JUNE, 2015.

Witnesses:


Print Name: SARAH E. DESROSIERS


MARK F. NEGLEY Manager


Print Name: FREDERICK J. CELLA

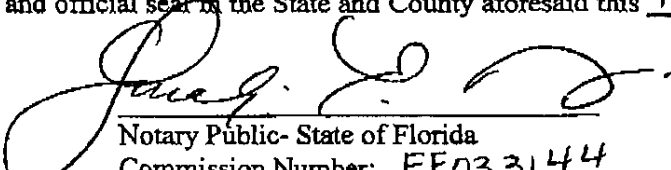
STATE OF FLORIDA
COUNTY OF CHARLOTTE

I HEREBY CERTIFY that on this day, before me, a Notary Public duly authorized in the State and County named above to take acknowledgment, personally appeared MARK F. NEGLEY to me known to be the person described as authorized representative, and who executed the foregoing Articles of Organization, and he acknowledged that he executed the same for the purposes therein stated and did not take an oath.

WITNESS my hand and official seal in the State and County aforesaid this 16th day of JUNE, 2015.



SARAH E. DESROSIERS
MY COMMISSION # FF 033144
EXPIRES: July 27, 2017
Bonded Thru Budget Notary Services


Notary Public- State of Florida

Commission Number: FF033144Commission Expiration Date JULY 27, 2017

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, 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 NEGLEY APIARIES, LLC.
2. The name and address of the registered agent and office is:

JOHN B. MIZELL, c/o Mizell Law Firm, P.A., 331 Sullivan Street, Punta Gorda, FL 33950

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 605 of the Florida Statutes.


JOHN B. MIZELL

Dated: June 19, 2015

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