# Laa000458453

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(City/Clate/Zip/i Notic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Serimed Copies
Special Instructions to Filing Officer:

Office Use Only



000394723860

S. CHATHAM

OCT 2 6 2022

10/26/22--01005--012 \*\*125.00 \$E535 FUED \$E535 FUED \$137.50 \$1

NI LAHASSEE, FLORY

RECEIVED

## **CORPORATE**

When you need ACCESS to the world

A(	CC	ES	S

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

(1000) 111 2000 01 (1000) 202 10000 1 112 (020) 222-1000

### **WALK IN**

	CERTIFIED COPY					
_			<del>-</del>			
X	РНОТОСОРУ					
	CUS				<del>-</del>	
K	FILING	LLC				
V	VINFIELD FARMS,	LLC				
(C	ORPORATE NAME AND DO	CUMENT #)				
(C	ORPORATE NAME AND DO	CUMENT #)				
-(Ĉ	ORPORATE NAME AND DO	CUMENT #\				<del>-</del> -
, .		Committee				
				<u> </u>		
(C	ORPORATE NAME AND DO	CUMENT #)				
(C	ORPORATE NAME AND DO	CUMENT #)	<del></del> -	<u> </u>		
(C	ORPORATE NAME AND DO	CUMENT #)				

# ARTICLES OF ORGANIZATION OF WINFIELD FARMS, LLC

The undersigned, as the organizing member of this limited liability company pursuant to Chapter 605 of the Florida Statutes, hereby forms a limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for said limited liability company:

#### ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

The name of this fimited liability company shall be WINFIELD FARMS, LLC.

#### <u>ARTICLE II - PERIOD OF DURATION</u>

The period of duration of this limited liability company shall commence on October 17, 2022, and shall continue until dissolved pursuant to Chapter 605 of the Florida Statutes.

#### ARTICLE III - MAILING ADDRESS AND PRINCIPAL OFFICE

The mailing address of this limited liability company shall be 1256 Centennial Centre Boulevard, Hobart, Wisconsin 54155. The street address of the principal office of this limited liability company shall be 1256 Centennial Centre Boulevard, Hobart, Wisconsin 54155.

#### ARTICLE IV - INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The initial street address of the registered office of this limited liability company in the State of Florida shall be 2425 Tamiami Trail North, Suite 211, Naples, Florida 34103. The Members may from time to time move the registered office to any other address in Florida. The name of the initial registered agent of this limited liability company at that address is GEORGE A. WILSON. The Members may from time to time designate a new registered agent.

#### ARTICLE V - MANAGEMENT

This limited liability company shall be managed by the Members.

#### <u>ARTICLE VI - NEW MEMBERS</u>

Additional persons may be admitted to this limited liability company as Members only with the prior written consent of all the existing Members, or as otherwise permitted in accordance with the Operating Agreement for this limited liability company.



#### ARTICLE VII - AUTHORIZED MEMBER

The names and addresses of the Member of the limited liability company signing these Articles of Organization are:

<u>Name</u> <u>Address</u>

JEFFREY T. MARLOW, AMBR
1256 Centennial Centre Boulevard
Hobart, Wisconsin 54155

IN WITNESS WHEREOF, the undersigned Member has made and subscribed these Articles of Organization on the 17th day of October, 2022.

Jeffrey T. (4ariow (Oct 18, 2022 98:15 CDT)

JEFFREY T. MARLOW, AMBR

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service 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 in Chapter 605 of the Florida Statutes.

Date: October 17, 2022

GEORGE A. WILSON