Plorida Department of Stat Division of Corporations

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : LYONS & LYONS, P.A.

Account Number : I20030000061 Phone : (239)948-1823 Fax Number : (239)948-1826

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

Email Address: stephenjr@chapmanfruit.com

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FLORIDA LIMITED LIABILITY CO. STAKE ACRES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2022 DEC -2 Fills

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ARTICLES OF ORGANIZATION OF STAKE ACRES, LLC

ARTICLE I - NAME

The name of the limited liability company is Stake Acres, LLC. ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:

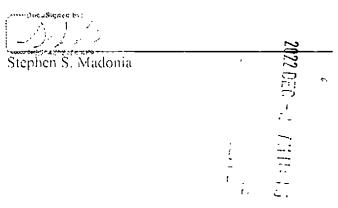
Principal Office Address: 1643 Songbird Court Naples, Florida 34120 Mailing Address: P.O. Box 2381 Immokalee, Florida 34143-2381

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Stephen S. Madonia 1643 Songbird Court Naples, Florida 34120

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, F.S.



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ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u> : "MGR" = Manager "AMBR" = Authorized Member	Name and Address:				
MGR	Stephen S. Madonia 1643 Songbird Court Naples, Florida 34120	. •		2022 DEC	e.
MGR	Blake P. Reynolds 1643 Songbird Court Naples, Florida 34120			0-2 65111-15	
REQUIRED SIGNATURE:	Docublighed by:	ì	1-	យ	

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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 \$,817.155, F.S.

Stephen S. Madonia

Typed or printed name of signee