

L95000000005

Art Kuby Co. Inc.
(Requestor's Name)
1100 Cleveland St. N.W.
(Address)
Chgo. IL 60615
(City, State, Zip) (Phone #)

OFFICE USE ONLY

RECEIVED
95 JUN 14 PM 3:30
DIVISION OF CORPORATION
STATES

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Private Farms
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☒ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

1-4
KAN

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLES I - Name:

The name of the Limited Liability Company is:

DAVINCI FARMS, L.C.

ARTICLES II - Address:

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

P. O. Box 7584
Fort Myers, FL 33911

ARTICLES III - Duration:

The period of duration for the Limited Liability Company shall be:

30 years

ARTICLES IV - Management:
(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the names(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Jean B. Eby

P. O. Box 7584

Fort Myers, FL 33911

☐ The Limited Liability Company is to be managed by the members and the names(s) and address(es) of the managing member(s) is/are:

ARTICLES V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members have the right to admit additional member with the unanimous vote of the remaining members.

ARTICLE VI-Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, 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:

DAVINCI FARMS, L.C.

2. The name and address of the registered agent and office is :

R/A Systems, L.C.

Name

1100 Cleveland Street, Suite 900

(P.O. Box not acceptable)

Clearwater, FL 34615

City/State/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.

L. R. Mayer, Member/Manager

L. R. Mayer
(Signature)

Dec. 20, 1994
(Date)

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of

DAVINCI FARMS, L.C.

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 200.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 0.00 . ~~A description of the property is attached and made a part hereto:~~
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 200.00 . This total includes amounts from 2 and 3 above.

L. R. Mayer, Authorized Representative



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

FILING FEE: \$250 for Articles of Organization and Affidavit

FILE NOW: Fee after May 1; will be \$263.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT #L95000000005

1. Name and Mailing Address
of Limited Liability Company

DAVINCI FARMS, L.C.
P.O. BOX 7584
FORT MYERS FL 33911

1a. Principal Place of Business Address

11331 Long Rd.
Ft. Myers, FL 33905

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

Same

2a. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

01/04/1995

3a. State of Formation

FL

4. FEI Number

59-3281577

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

IVA Systems, L.C.
2189 Cleveland St. Suite 210
Clearwater, FL 34625

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

EBY, JEAN B

P.O. BOX 7584

FORT MYERS FL

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****238.75 ****238.75

SP
2/28/96

11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Jean B. Eby Manager

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