1-970000000000083

TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:

D D M Superworm Farms-L.C. Inc.

(Proposed limited liability company name - must include suffix)

60002211996 -06/13/97--01114--Enclosed is an original and one (1) copy. ****285,00 *****2

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit \$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: R.W. Danekas
Name (Printed or typed)

27527 Suffridge Dr.
Address

Bonita Springs, FL 34135
City, State & Zip

(941) 947-0050

Daytime Telephone number

W97-13989



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 16, 1997

R.W. DANEKAS 27527 SUFFRIDGE DRIVE BONITA SPRINGS, FL 34135

SUBJECT: D D M SUPERWORM FARMS-L.C. INC.

Ref. Number: W97000013989

We have received your document for D D M SUPERWORM FARMS-L.C. INC. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The name of a Limited Liability Company must end with the words "limited company", or their abbreviation "L.C." "L.L.C." is not an acceptable suffix in the state of Florida. Please note the periods as punctuation must be included in the suffix.

INC. IS NOT A ACCEPTABLE SUFFIX FOR A LIMITED LIABILITY COMPANY. PLEASE REMOVE THE "INC." FROM YOUR NAME.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt Corporate Specialist

Letter Number: 797A00032047

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

D D M Superworm Farms-L.C.

ARTICLE II - Address:

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

27527 Suffridge Dr. Bonita Springs, Fl 34135

ARTICLE III - Duration:

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

Perpetual

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

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

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

R.W. Danekas 27527 Suffridge Dr. Bonita Springs, FL 34135

Steve Myers 27527 Suffridge Dr. Bonita Springs, FL 34135

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

	The undersigned member or authorized representative of a member of \underline{D} \underline{D} \underline{M}				
	Superworms Farms-L.C. deposes and say	/s:			
1)	the above named limited liability company has at least two members				
2)	the total amount of cash contributed by the member(s) is	\$_1,0	00.	<u>00</u> .	
3)	if any, the agreed value of property other than cash contributed by member(s) is A description of the property is attached and made a part hereto.	\$		·	
4)	the amount of cash or property anticipated to be contributed by member(s) is	\$		<u> </u>	
5)	al amounts of 2, 3 and 4 is		\$1,000.00		
	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 fact stated herein are true.)	<u> </u>	97 JUN 24 AM 8: 59		

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: D M Superworm Fa:	rms-		
	L.C.			
2.	The name and address of the registered agent and office is:	TALL ST	ايرار 97	dina i
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	R.W. Danekas	•	7	, -
	(Name)		W1 8:	
			59	
	27527 Suffridge Dr.	•		
	(P. O. Box <u>not</u> acceptable)			
	Bonita Springs, FL 34135			
	(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.

7) 1. Mic Lida 1 (DATE) (DATE)