1090000003348

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Otyroddo/Zipii Hollo II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
N89, 24/31 A. LUNT
JUN 1 9 2009
1 3 2009
EXAMINER

Office Use Only



900156049539

05/21/09--01035--013 **130.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2009

LARRY R. MORGAN JR. 6575 HIGHWAY 189 NORTH BAKER, FL 32531

SUBJECT: MORGAN FARMS, LLC Ref. Number: W09000024311

We have received your document for MORGAN FARMS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit a copy of the written consent of the managers or managing members adopting the alternate name for Florida. For your convenience, we are enclosing a fill-in-the-blank form for you to complete and return to our office for processing.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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 (850) 245-6094.

Letter Number: 109A00017496

Agnes Lunt Regulatory Specialist II

COVER LETTER

TO:

TO:	Registration Section Division of Corporati	ons				
SUBJI	ECT:	Мо	rgan Farms	s, LLC		
Name of Limited L						
					ransact Business in Floridaty company to transact bu	
Please	return all corresponden	ce concerning this m	atter to the follow	ving:		
			Larry R. M	organ Jr.		_
			Name of	Person		
			Morgan Fa	rms, LLC		_
Firm/Company						
		6	575 Highway	/ 189 North		_
			Addr	ess		
			Baker, Flori	da 32531		_
			City/State and	l Zip Code		
	<u> </u>		crawford@me	organ1.com	(fication)	_
For fu	ther information concer			ture amitual report not.	meauon)	
	She	ad Hubbard	. 7	850)	537-5000	
Name of Person			at (_ Area Code	& Daytime Telephon		_
	MAILING ADDRES Division of Corporati Registration Section P.O. Box 6327 Tallahassee, FL 3231-	ons	STREET AD Division of Co Registration S Clifton Buildin 2661 Executiv Tallahassee, F	orporations ection ng e Center Circle		
Enclo	sed is a check for th	e following amou	ınt:			
	\$125.00 Filing Fee	\$130.00 Filin Certificate		155.00 Filing Fee & Certified Copy	\$160.00 Filing Fee, of Status & Cert	

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

	•	t we are the Managers a	and/or Managing
Members of Mo	egan tarm	is,LLC	,
	(Name of Limit	ed Liability Company)	
a limited liability comp	any duly organized	and existing under the	laws of
Nevad	a		
(State or Co	untry of Organization)	 ·	
Because the name of th	is foreign limited li	ability company does n	ot satisfy the
requirements of the s. 6	608.406, F.S., the lir	nited liability company	hereby adopts the
following name to tran	sact business in the	state of Florida:	
Name to be used by limited li Company, L.L.C., or LLC.)		Nevada L. NOTE: Name must end with	Limited Liability
Date: 5 29/0)9	ŕ	
Signature(s) of Manage	er(s) and/or Managi	ng Member(s):	200 SE TALL
			SECRE ARY
8 Pm			ASS
Jaga My	47		PA PA
			FLO S
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608,503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1(Nan	Mone of Foreign Limited Liability Company	organ Farms,	LLC	C " or "[] C ")	
(1441)	MORGAN FARMS			e., or liee.	
consent of the	available, enter alternate name adopted for the managers or managing members adopted "L.L.C," "LLC.")	or the purpose of tra	nsacting business in Florida an	d attach a copy of the wallude "Limited Liabilit	vritter ty
2.	Nevada	3.	61-158918	2 .	
(Jurisdict company	ion under the law of which foreign limite is organized)	d liability	(FEI number, if appl	icable)	
4.	January 16, 2009	5.	Perpetual		
	(Date of Organization)	(Du exis	ration: Year limited liability control or "perpetual")	ompany will cease to	
6					
	(Date first transacted but (See sections 608.501 & 6	siness in Florida, if 08.502 F.S. to deter	prior to registration.) mine penalty liability)	2009 SEC TALL	
7. <mark>6575 l</mark>	Highway 189 North			ARE LE	
Raker	r, Florida 32531			IARY ASSE	-
Daker		et Address of Princ	ipal Office)	PA PA	TE
8. If limit	ed liability company is a manager-	-managed compa	ny, check here	STATE FLORID	
9. The na	me and usual business addresses o	f the managing r	nembers or managers are		
Larry	R Morgan 6575 Highway 189	North, Baker, F	I. 32531		
Jame	s B Morgan 6575 Highway 189	North, Baker,	FI. 32531		
he jurisdictio	d is an original certificate of existence, no monon under the law of which it is organized. (af the certificate under oath of the translator r	A photocopy is not a	•		ords in
1. Natur	e of business or purposes to be cor	nducted or promo	oted in Florida: C	attle Farm	
					4
		TARM			
	(In accordance with section 6	08.408(3), F.S., the on	d representative of a mem ecution of this document constitu- ne facts stated herein are true.)	nber. tes	
	<u></u>	Larry R Morg		<u> </u>	`
	Typed	or printed name			

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:		
Morgan Farms, LLC		
If unavailable, the alternate to be used in the state of Florida is:		
Morgan Farms of Nevada, LLC		
2. The name and the Florida street address of the registered agent and office are:	-1 ~2	
Low D Moroon In	2009 JUN 17 SECRETAR FALLAHASS	endial.
Larry R. Morgan Jr (Name)	JUN 17 PRETARY I AHASSEE	=
6575 Highway 189 North	.mo -mo	I
Florida Street Address (P.O. Box NOT ACCEPTABLE)	F STATE FLORIDA	
Baker FL 32531	DA DA	•
City/State/Zin		

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 608, Florida Statutes.

(Signature)

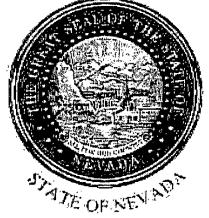
\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MORGAN FARMS**, **LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 16, 2009, and is in good standing in this state.

OF THE PARTY OF TH

Electronic Certificate
Certificate Number: C20090519-2187
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on May 19, 2009.

ROSS MILLER Secretary of State