

L14000016076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

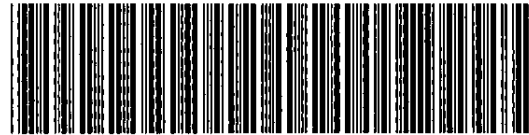
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke with Marian Sacklich.
1/29/14 - Original date of rec. pt
Requested for file date and
gave permission to correct -
Effective date.

Office Use Only



200253536062

01/07/14--01005--004 **125.00

EFFECTIVE DATE
12/28/14

FILED
14 JAN -7 10 46
AMERICAN BAR ASSOCIATION

1/29/14
JFM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **BBB Farm of Holopaw, LLC**
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marian Jacklich, C.P.A.

Name of Person

MJ CPA, LLC

Firm/Company

1441 Fortune Retail Ct. No. 144

Address

Kissimmee, FL 34744

City/State and Zip Code

Rick_Boschen@Bramson.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marian Jacklich

Name of Person

at (**407**) **344-0733**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &
Certificate of Status



\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 9, 2014

MARIAN JACKLICH
1441 FORTUNE RETAIL CT NO 144
KISSIMMEE, FL 34744

SUBJECT: BBB FARM OF HOLOPAW, LLC
Ref. Number: W14000001702

We have received your document for BBB FARM OF HOLOPAW, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00000602

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
12/30/14

BBB Farm of Holopaw, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8900 Jonathan Manor Dr.

Orlando, FL 32819

8900 Jonathan Manor Dr.

Orlando, FL 32819

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Richard E. Boschen, III

Name

8900 Jonathan Manor Dr.

Florida street address (P.O. Box NOT acceptable)

Orlando

FL 32819

City

Zip

FILED
14 JAN -7 PM 4:16
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF ORANGE, FLORIDA

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..

Marian Jackson for Richard Boschen, III
Registered Agent's Signature (REQUIRED) *Power of Attorney*

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

EFFECTIVE DATE
12/30/14

Richard E. Boschen, III

8900 Jonathan Manor Dr.

Orlando, FL 32819

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 12/30/2013 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Marian Jackline for Richard Boschen, III, POA DR. 835
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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 s.817.155, F.S.)

RICHARD BOSCHEN, III

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
JAN - 7 PM 4:46
2014