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(Requestor	r's Name)
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(Address)	<u> </u>
(City/State	/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	t Number)
Certified Copies C	Certificates of Status
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2009 JAN 30 PH 1: 12

C. LEWIS
FEB 2 2009
EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Karmafarm LLC	
SUBJECT.	of Limited Liability Company)
The enclosed Articles of Organization and i	Fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Angela Ringler	
	(Name of Person)
Karmafarm LLC	
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)
14478 SE 107th Terra	ce
•	(Address)
Summerfield, FI 3449	1
	(City/State and Zip Code)
For further information concerning this mat	ter, please call:
Angela Ringler	at ( 954 ) 439-0130
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following an	nount:
1√\$125.00 Filing Fee  \$\sum \$130.00 Filing Certificate of \$\sum \$130.00 Filing	
Mailing Address Registration Secti Division of Corp P.O. Box 6327 Tallahassee, FL	on Registration Section orations Division of Corporations Clifton Building

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

TALLAHASSEE, FLORIDA **ARTICLE I - Name:** The name of the Limited Liability Company is: Karmatarm 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:** 14478 SE 107th Terrace 14478 SE 107th Terrace Summerfield FI 34491 Summerfield, FL 34491 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: Angela Ringler 14478 SE 107th Terrace Florida street address (P.O. Box NOT acceptable) Summerfield 34491 City, State, and 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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REOLURED)

(CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

FILED

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	Name and Address:	2009 JAN 30	
"MGR" = Manager "MGRM" = Managing Member		TALLAHASSE	E. FLORID
MGR	Angela Ringler		
	14478 SE 107th Terrace		
	Summerfield, FI 34491		
MGRM	Tiffany Bare		
<del> </del>	5009 County Road 102		
	Oxford, FI 34484	<u> </u>	
(Use attachment if necessary)			
•	e date of filing:	. (OPTIONA	L)
CLE V: Effective date, if other than the effective date is listed, the date must b		(OPTIONA	
CLE V: Effective date, if other than the effective date is listed, the date must be			
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CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:		ve business day	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of	er or an authorized representative of a men	ve business day  nber.  ion	
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a member of this document constitute the facts stated in the facts stated i	er or an authorized representative of a men	ve business day  nber.  ion	

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)