

Carlana M. Hoffman

Requester's Name

2023 Middlewood Dr

Address

Tallahassee FL 32312

City/State/Zip

Phone

L010000011702

Office Use Only

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

1 Carmela Farms LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time



Mail out



Will wait



Photocopy



Certified Copy



Certificate of Status

100004639161--0

-10/17/01--01016--003

\*\*\*\*205.00 \*\*\*\*155.00

**NEW FILINGS**



Profit



Not for Profit



Limited Liability



Domestication



Other

**OTHER FILINGS**



Annual Report



Fictitious Name

**AMENDMENTS**



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

**REGISTRATION/QUALIFICATION**



Foreign



Limited Partnership



Reinstatement



Trademark



Other

DIVISION OF CORPORATION

01 OCT 17 AM 9:27

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 17 AM 9:36

APPROVED  
AND  
FILED

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Carmela Farms, LLC

## ARTICLE II - Address:

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

2023 Middlewood Dr.  
Tallahassee, FL 32312

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

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

Carlana M. Hoffman  
Name  
2023 Middlewood Dr.  
Florida street address (P.O. Box NOT acceptable)  
Tallahassee FL 32312  
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..*

Carlana M. Hoffman  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Carlana M. Hoffman  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Carlana M. Hoffman  
Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 17 AM 9:36

APPROVED  
AND  
FILED