

Division of Corporations

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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : MICHAEL A. PYLE, P.A.
Account Number : 120000000053
Phone : (386) 615-9007
Fax Number : (386) 676-2615

LIMITED LIABILITY COMPANY

FOOLS MONEY FARM, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
FOOLS MONEY FARM, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, hereby executes the following Articles of Organization.

**ARTICLE I
NAME**

The name of the Limited Liability Company is **FOOLS MONEY FARM, LLC.**

**ARTICLE II
ADDRESS**

The street address and the mailing address of the principal office of the Company is **9 Needle Lane, Ormond Beach, Florida 32174.**

**ARTICLE III
REGISTERED OFFICE AND AGENT**

The name and Florida street address of the registered agent is **Pablo Garcia, Jr., M.D., 9 Needle Lane, Ormond Beach, Florida 32174.**


IN WITNESS WHEREOF, the undersigned Authorized Representatives have executed these Articles of Organization on this 13th day of August, 2003.


PABLO GARCIA, JR., M.D.



KAYLEEN M. GARCIA, RN

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing Instrument was acknowledged before me this 13th day of August, 2003, by **PABLO GARCIA, JR., M.D. and KAYLEEN M. GARCIA, RN** who are personally known to me, or ☐ who have presented Florida drivers licenses or ☐ a _____ drivers licenses of _____, as identification.


Notary Public
MICHAEL A. PYLE
(Printed Name)

My Commission Expires:

 Michael A. Pyle
My Commission CC877232
Expires December 3, 2003

(In accordance with Section 608.408(2), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.


PABLO GARCIA, JR., M.D., Registered Agent

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