

L 05000103 384

(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:

Office Use Only



900060519259

10/20/05--01025--019 **155.00

RECEIVED
05 OCT 20 AM 10:58
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
05 OCT 20 PM 1:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE



UCC Filing & Search Services, Inc.
1574 Village Square Boulevard, Suite 100
Tallahassee, Florida 32309
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

October 20, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
Gypsy Magic Farm, LLC

FILED
05 OCT 20 PM 1:22
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

GYPSY MAGIC FARM, LLC

ARTICLE II - Address:

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

Principal Office Address:

6208 NW 12th Street
Ocala FL 34482

Mailing Address:

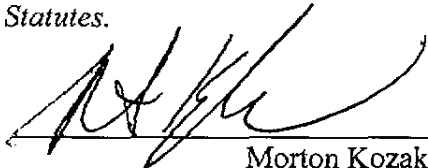
6208 NW 12th Street
Ocala FL 34482

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

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

Morton Kozak
6208 NW 12th Street
Ocala, FL 34482

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.


Morton Kozak

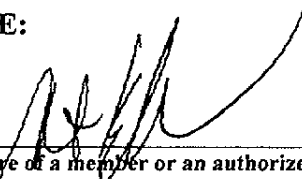
FILED
05 OCT 20 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

The names and addresses of the Managers are as follows:

Title:	Name and Address:
"MGR"	Morton Kozak 6208 NW 12 th Street Ocala FL 34482
"MGR"	Brigitte Kozak 6208 NW 12 th Street Ocala FL 34482

REQUIRED SIGNATURE:



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.)

Morton Kozak
Typed or printed name of signee