

L070000001370

## Florida Department of State

Division of Corporations

Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000003136 3)))



H070000031363ABCU

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

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

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

07 JAN -4 AM 8:45

FILED

07 JAN -4 PM 3:08

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

BLUCONE FARMS., LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BLUCONE FARMS, LLC.

**ARTICLE II - Address:**

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

Principle Office Address:

Mailing Address:

14497 W HWY 328

14497 W HWY 328

OCALA, FL 34482

Ocala, FL- 34482

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

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

Barbara Schicchi

Name

14497 W. Hwy 328

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

Ocala, FL. 34482

City, State, and Zip

*Having been named as registered agent and to accept service of process for 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.*

  
Registered Agent's Signature

RECEIVED  
STATE  
OFFICE  
FLORIDA

07 JAN - 4 AM 8:45

FILED

**ARTICLE IV – Manager(s) or Managing Member(s):**

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Barbara Schicchi  
14497 W. Hwy 328  
Ocala, FL 34482

MGM

Katie Bussey  
14497 W. Hwy 328  
Ocala, FL 34482

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**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 penalties of perjury that the facts stated herein are true.)

Barbara Schicchi  
Typed or printed name of signer

RECEIVED  
CLERK OF THE COURT  
STATE OF FLORIDA

07 JAN -4 AM 8:45

FILED