

L08000041509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

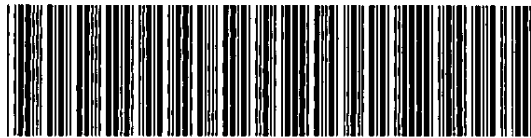
Special Instructions to Filing Officer:

A. LUNT

APR 25 2008

EXAMINER

Office Use Only



400125017514

04/24/08--01011--018 **160.00

FILED

2008 APR 24 P 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INSURANCE FOR AGRICULTURE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard T. Cummings

(Name of Person)

INSURANCE FOR AGRICULTURE, LLC

(Firm/Company)

10691 North Kendall Drive, Suite 102

(Address)

Miami, FL 33176

(City/State and Zip Code)

2008 APR 24 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Richard T. Cummings

(Name of Person)

at (305) 274-3970

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

INSURANCE FOR AGRICULTURE, LLC

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

INSURANCE FOR AGRICULTURE, LLC

**ARTICLE II
ADDRESS**

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

10691 North Kendall Drive
Suite 102
Miami, Florida 33176

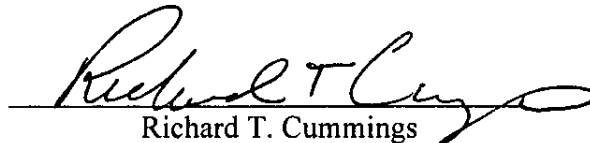
**ARTICLE III
REGISTERED AGENT**

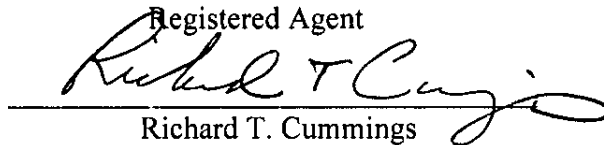
The name and the Florida street address of the registered agent are:

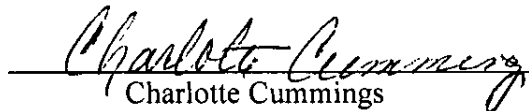
Richard T. Cummings
10691 North Kendall Drive
Suite 102
Miami, Florida 33176

FILED
2008 APR 24 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

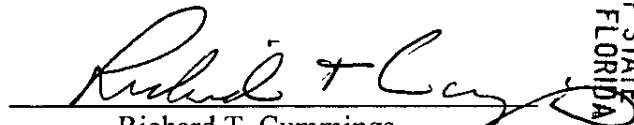
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 608, F.S.

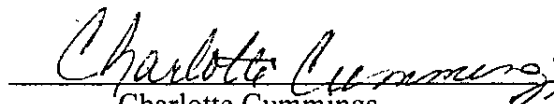

Richard T. Cummings
Registered Agent


Richard T. Cummings
Authorized Member


Charlotte Cummings
Authorized Member

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


Richard T. Cummings


Charlotte Cummings

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

This instrument was executed and acknowledged before me on this 24th day of APRIL, 2008, by RICHARD T. CUMMINGS and CHARLOTTE CUMMINGS, who are personally known to me or who produced _____ as identification and who did take an oath.


Notary Public
My Commission Expires:



FILED
2008 APR 24 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA