

L 09000012020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

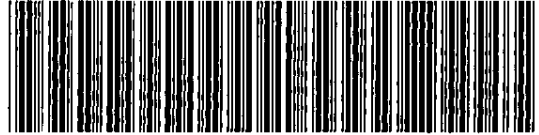
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/27/09--01029--020 \*\*130.00

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09 JAN 27 AM 8:45

STATE  
TALLAHASSEE, FLORIDA

B. KOHR

FEB - 6 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 28, 2009

SHARON WATKINS  
#10 MARLIN DRIVE  
ST. AUGUSTINES, FL 32080

SUBJECT: FRESH HARVEST FARM LLC  
Ref. Number: W09000004138

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09 JAN 27 AM 8:45  
TALLAHASSEE, FLORIDA

We have received your document for FRESH HARVEST FARM LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have **RETAINED** your \$130.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 809A00003071

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FRESH HARVEST FARM ~~THE~~ MARKET 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:

**Sharon Watkins**

(Name of Person)

**Fresh Harvest Farm ~~THE~~ MARKET LLC.**

(Firm/Company)

**#10 Marlin Dr.**

(Address)

**St. Augustine, Florida 32080**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Sharon Watkins**

(Name of Person)

at ( **904** ) **484-6931**

(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

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09 JAN 27 AM 8:45  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Fresh Harvest Farm ~~INC~~ MARKET LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

310 E. River Rd.

E. Palatka

Florida, 32131

#### Mailing Address:

10 Marlin Dr.

St. Augustine

Florida, 32080

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Sharon Watkins

Name

10 Marlin Dr

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

St. Augustine, FL 32080

City, State, and Zip

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TALLAHASSEE, FLORIDA  
STATE

*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..*

Sharon Watkins

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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

Sharon Watkins

10 Marlin Dr

St. Augustine, Florida 32080

MGRM

Luke Watkins

10 Marlin Dr

St. Augustine, Florida 32080

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Sharon Watkins

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**