## L090000A259

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Effective Date 02/20/09

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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 2 6 2009

**EXAMINER** 

## **COVER LETTER**

	egistration Section ' vision of Corporations
SUBJECT	: Fungi Farmer Garden Supply, LLC (Name of Limited Liability Company)
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Jobi Seth
	(Name of Person)
<u></u>	(Firm/Company)
<del></del>	3465 NW 25th Way (Address)
	Boca Raton, FL 33434 (City/State and Zip Code)
	(City/State and Elp Code)
For further	information concerning this matter, please call:
	Name of Person)  at (SU) 715.8487  (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is	s a check for the following amount:
□\$125.00 F	Filing Fee \$\int \text{\$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \$\int \text{\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## Effective Date 02/20/09

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Fungi Farmer Garden  Wust end with the words "Limited Liabili	Supply LLC ty Company (L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Boca Rajon FL 33484	3465 NW 25th Way Boxa Ration FL 33434
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
Chali Se	th
Name	
346 NW 2	
Prorida street and	ress (P.O. Box <u>NOT acceptable)</u>
City, State, a	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as o. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and
accept the obligations of my position as regis	tered agent as provided for in Chapter 60% F.S.
	FEB FEB
Registered Agent's Signati	
	TARY OF SOF CORPOR

(CONTINUED) Page 1 of 2

<u>Title:</u> "MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:	
Jodi Set	<u>h</u>	3465 NW 25th War Boca Raton, FL 3343L	
LE V: Effective	ve date, if other than the listed, the date must	he date of filing: 2 20 09 . (O	PTION.
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must date of filing.)	he date of filing: 2 20 09 . (O be specific and cannot be more than five bus	PTION
LE V: Effective fective date is days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE:	be specific and cannot be more than five bus	PTION iness da
(Use attachment LE V: Effective factive date is days after the REQUIRED S	ve date, if other than the listed, the date must date of filing.)  SIGNATURE:  Signature of a mem (In accordance with	be specific and cannot be more than five bus ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution estitutes an affirmation under the penalties of perjury	PTION.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)