

L10000014926

(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:

L. SELLERS

FEB - 9 2010

EXAMINER

~~6010-4-2010~~

Office Use Only



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01/28/10--01013--006 **130.00

FILED

10 FEB - 8 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 FEB

SECRETARY
TALLAHASSEE, FL

FILED
10 FEB 2010
TALLAHASSEE, FL

January 26, 2010

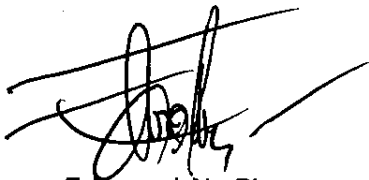
Registration Section
Division of Corporations
PO. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Re: Agro Marketing & Distribution, LLC (Agromad, LLC)

Enclosed please find the articles of organization for the above referenced entity and a check in the amount of \$130.00 for the filing fee and a certificate of status. Should you have any questions, please feel free to call me at 321-267 8585.

Yours truly,

A handwritten signature in black ink, appearing to read 'Edouard N. Simon', with a large, sweeping flourish extending from the end of the signature.

Edouard N. Simon
239 Macon Drive
Titusville, FL 32780-9104

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Agro Marketing & Distribution, LLC (Agromad, 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:

Edouard N. Simon

Name of Person

Agromad, LLC

Firm/Company

239 Macon Drive

Address

Titusville, FL 32780-9104

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edouard N. Simon

Name of Person

at (321) 267-8585

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 29, 2010

EDOUARD N. SIMON
239 MACON DRIVE
TITUSVILLE, FL 32780-9104

SUBJECT: AGRO MARKETING & DISTRIBUTION, LLC (AGROMAD, LLC)
Ref. Number: W10000004723

We have received your document for AGRO MARKETING & DISTRIBUTION, LLC (AGROMAD, 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):

Only one entity name may be registered on the attached form. Each LLC name must be registered on it's own application and the fee per registration is \$125.00,

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 010A00002452

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Agromad, 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:

239 Macon Drive
Titusville, FL 32780-9104

Mailing Address:

P.O. Box 620473
Orlando, FL 32862

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:

Edouard N. Simon

Name

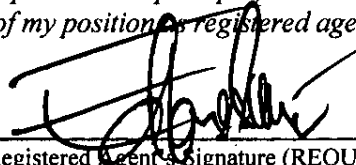
239 Macon Drive

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

Titusville, FL 32780-9104 FL

City, State, and Zip

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..



Registered Agent's Signature (REQUIRED)

FILED
10 FEB -8 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

General Manager

Edouard N. Simon

239 Macon Drive

Titusville, FL 32780-9104

Assistant Manager

David Noel

6544 Long Breeze Road

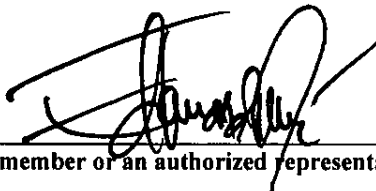
Orlando, FL 32810

(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.)

Edouard N. Simon

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)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA