

L10000125384

(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:

W10000054418

Office Use Only

EFFECTIVE DATE 11/16/10



700187744337

11/18/10--01006--016 **160.00

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10 NOV 18 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 7 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2010

MICHAEL JASON CORBITT
P.O. BOX 5305
IMMOKALEE, FL 34143

SUBJECT: FRONTIER FARMS L.L.C.
Ref. Number: W10000054418

We have received your document for FRONTIER FARMS L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 310A00027224

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Frontier Farms 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:

Michael Jason Corbitt
Name of Person

Frontier Farms LLC
Firm/Company

P.O. Box 5305
Address

Immokalee FL 34143
City/State and Zip Code

JASON - Corbitt @ comcast.net
E-mail address: (to be used for future annual report notification)
underscore

For further information concerning this matter, please call:

Michael Jason Corbitt 239 657-5463
Name of Person 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Frontier Fresh L.L.C.

(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:

1010 Raulerson Rd
Immokalee
FL 34142

Mailing Address:

P.O. Box 5305
Immokalee
FL 34143

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:

Michael Jason Corbett
Name
1010 Raulerson Rd,
Florida street address (P.O. Box **NOT** acceptable)
Immokalee FL 34142
City, State, and Zip

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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..

Michael Jason Corbett
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 11/16/10

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

MGR

Name and Address:

Michael Jason Corbitt
1010 Raulerson Rd
Immokalee FL 34142

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-16-10 (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:

Michael Jason Corbitt
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael JASON Corbitt
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)**

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