

L11000076647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

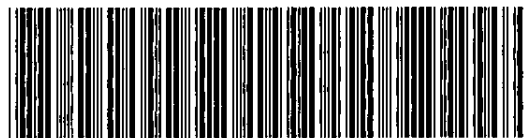
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

JUL - 5 2011

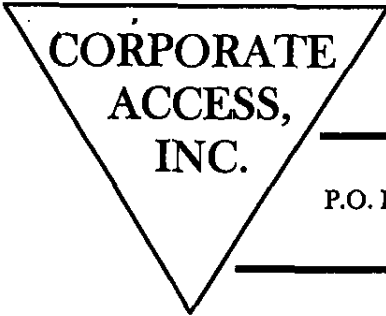
EXAMINER



300207368383

07/05/11--01001--007 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL - 1 PM 2:46



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

7/11/11 ACorda

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL - 1 PM 2:45

- ☐ CERTIFIED COPY  
☒ PHOTOCOPY  
☐ CUS  
☒ FILING

LLC

1. Organic Specialty Farms, Com, LLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL - 1 PM 2:47

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**ORGANIC SPECIALTY FARMS.COM, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

2400 SW State Road 484  
Ocala, FL 34473

**Mailing Address:**

2400 SW State Road 484  
Ocala, FL 34473

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

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

Katica Pavicic  
2400 SW State Road 484  
Ocala, FL 34473

*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, Florida Statutes.*

  
Katica Pavicic

**ARTICLE IV- Manager(s) or Managing Member(s):**

The names and addresses of the Managers are as follows:

<b>Title:</b>	<b>Name and Address:</b>
"MGR"	Katica Pavicic 2400 SW State Road 484 Ocala, FL 34473
"MGR"	Philip Pavicic 2400 SW State Road 484 Ocala, FL 34473
"MGR"	Steven Shrump 8833 SW State Road 674 Wimauma, FL 33598

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.  
Katica Pavicic

(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.)