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(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:

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2012 JAN -6 RM .3: 22 SECRETARY OF STATE ALLAHASSEE, FLORIDA

C. LEWIS JAN 9 2012 EXAMINER

## COVER LETTER

TO: **Registration Section** 5. **Division of Corporations** 

Lagniappe Farm, LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lagniappe Farm, LLC Firm/Company 17505 Hunting Hawk Trail Address Odessa, FL 33556 City/State and Zip Code Allyn childress @aol.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allyn Childress Name of Person

at (**813**) **420-8535** 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lagniappe Farm, 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:

### Mailing Address:

17505 Hunting Hawk Trail Odessa, FL 33556

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17505 Hunting Hawk Trail Odessa, FL 33556

## 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 manothe business entity with an active Florida registration.)

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

Wade Childress Name

17505 Hunting Hawk Trail Florida street address (P.O. Box NOT acceptable) Odessa, FL 33556 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)

(CONTINUED)

Page 1 of 2

# FILED

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE.FLORID
MGRM	Allyn Childress 17505 Hunting Haw Odessa, FL 3355.	k Trail
MGRM	Wade Childress 17505 Hunting Ha Odessa, FL 3355	
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(Use attachment if necessary)

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**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:** 

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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.)

Allyn Childness 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)