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(Address)

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TALLAHASSEE, FLORIDA

B. BOSTICK

FEB 14 2012

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Plant Your Meals, 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:

Amanda Pace Kollar

Name of Person

Firm/Company

PO Box 156

Address

Apalachicola, Florida 32329

City/State and Zip Code

amanda@gardensinc.net

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

For further information concerning this matter, please call:

Amanda Pace Kollar at 850, 323-1700

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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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Plant Your Meals, LLC.

(Must end with the words "Limited Liability Company, "LLC.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

268 Water Street
Apalachicola, Florida
32320

Mailing Address:

PO Box 156
Apalachicola, Florida
32329

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:

Amanda Pace Kollar
Name
204 Bradford Street
Florida street address (P.O. Box **NOT** acceptable)
St. George Island FL 32328
City, State, and Zip

STATE OF FLORIDA
FALL 2013
12 FEB 13 PM 2:33

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..

Amanda P Kollar

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

MGRM

MGRM

Name and Address:

Amanda Pace Kollar
204 Bradford Street
St. George Island, Florida 32328

Shirley Wray Pace
3749 Shamrock West
Tallahassee, Florida 32309

(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:

Amanda P Kollar

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.)

Amanda Pace Kollar

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)

12 FEB 13 PM 2:38
STATE
TALLAHASSEE, FLORIDA