

L120000062800

(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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FILED
12 MAY - 8 PM & 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 09 2012

EXAMINER

EFFECTIVE DATE 5/31/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 1, 2012

FRANCO INELLICATI

1504 N.W. JUANITA PLACE
CAPE CORAL, FL 33993

SUBJECT: AQUAGROW ORGANIC FARMS L.L.C.
Ref. Number: W12000023876

We have received your document for AQUAGROW ORGANIC FARMS L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 30, 2012. Please amend your document accordingly.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 912A00013127

FILED
12 MAY - 8 PM 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Aquagrow Organic Farms, L.L.C.
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:

FRANCO INDELLICATI

Name of Person

Firm/Company

1504 NW Juanita Place

Address

Cape Coral, Florida 33933

City/State and Zip Code

aquagrow1@gmail.com

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

For further information concerning this matter, please call:

FRANCO INDELLICATI

Name of Person

at (**239**) **362-8733**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY - 8 PM '06

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Aquagrow Organic Farms, 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:

16025 Golden Rod Drive
Punta Gorda, Florida 33955

Mailing Address:

16025 Golden Rod Drive
Punta Gorda, Florida 33955

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:

FRANCO INDELLICATI

Name

1504 NW Juanita Place

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

Cape Coral FL 33993

City, State, and Zip

FILED
12 MAY - 8 PM 3:06
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE 5/31/12

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:

MGRM

FRANCO INDELLICATI

1504 NW Juanita Place

Cape Coral Florida 33993

MGRM

Jonathan R. Kob


1474 Whiskey Creek Drive

Fort Myers, Florida 33919-2240

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 05/31/2012 (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. 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.)

FRANCO INDELLICATI

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
12 MAY -8 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA