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(F	Requestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Occument Number)	
Certified Copies	Certificates of 9	Status
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SECRETARY HST

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations
SUBJECT: Tom A TOES + PEPPERS of Tallahassee 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:
JAMES STEVEN HALEY Name of Person
TOWATOES & PEPPERS of Tallahassee L.L.C.
577 9 Lumber Jack Lane
Tulluhassee FLORIDA 32303 City/State and Zip Code
<u>Stevehaley 1 o aol. com</u> E-mail address: (fo be used for future annual report notification)
For further information concerning this matter, please call:
Steve Haley at (850) 562 6576 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 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 Clifton Building Tallahassee, FL 32301 Clifton Building Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOMATOES + PEPPERS of Tallahassee L.L.C.

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

Steve Haley	steve Holey
779 Lumberjack Lyne	5779 Lumberiack Lane
ullahassee FLA, 32303	5779 Cumberjack Lane Tallahassee Fla 32303

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:

James	- 5+e	even	Haley	<u>'</u>
,	Na	ime	,	
5779	Limbe	rjack	Lane	
, ,	Florida street	t address (P.O.	Box NOT a	cceptable)
Tallah	assee	FL	323	03
	City	, State, and Zi	p	

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)

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SECRETARY OF STATE

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	JAMES STEVEN HALEY 5779 Lumberjack Lane Tallahassec FCA. 32303
MGRM	TRACY L. Haley 5779 Lumber Tack Lane Tallaharree FLA. 32303
	
	nan the date of filing: (OPTIONAL)
CLE V: Effective date, if other the flective date is listed, the date is days after the date of filing.)	nan the date of filing: (OPTIONAL) must be specific and cannot be more than five business days pri
CLE V: Effective date, if other the fective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE:	
CLE V: Effective date, if other the ffective date is listed, the date is days after the date of filing.) REQUIRED SIGNATURE: Signature of a (In accordance with see constitutes an affirmation I am aware that any false constitutes a third degree.	must be specific and cannot be more than five business days pri