# L13000039479

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL
(Address)  (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duciness F-Nh Niger)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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MAR 1 5 2013 D. BRUCE

EFFECTIVE DATE 13/12/13

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

Canopy Hill Farm, 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:

## Patrick J. Farrell, Jr.

Name of Person

Firm/Company

## 7391 Buck Lake Rd.

Address

# Tallahassee, FL 32317

City/State and Zip Code

## pat@pflawfirm.com

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

For further information concerning this matter, please call:

## Pat Farrell

...850

933-2553

\_\_\_\_

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

S155.00 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

Canopy Hill Farm, LL				
O	Must end with the words "Limited.	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - A				
The mailing addr	ess and street address of the	e principal office of the Limited Lia	ability Com	pany is
Principal Office	Address:	Mailing Address:		
7391 Buck Lake Rd.		7391 Buck Lake Rd.		
Tallahassee, FL 323	17	Tallahassee, FI 32317		
			<del> </del>	
The name and the	e Florida street address of	the registered agent are:	SE	.201
	Patrick J. Farrell, Jr.	ame	TAHA	HAR
	N	ame	CRETARY LAHASSE	MAR I 4
	N 7391 Buck Lake Rd.		422	195
	7391 Buck Lake Rd. Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	422	195
	7391 Buck Lake Rd. Florida stree Tallahassee, FL 323	et address (P.O. Box <u>NOT</u> acceptable)	422	8 MAR   4 PM   2:55

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

EFFECTIVE DATE 03/12/13

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

The name and address of each Manager or Managing Member is as follows:

	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Patrick J. Farrell, Jr.
	7391 Buck Lake Rd.
	Tallahassee, FL 32317
MGRM	Kathleen D. Farrell
<del> </del>	7391 Buck Lake Rd.
	Tallahassee, FL 32317
<del>-</del>	
(Use attachment if necessary)	
The state of the s	ng.)
CLE V: Effective date, if other that effective date is listed, the date of or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five business dang.)
CLE V: Effective date, if other that effective date is listed, the date of or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five business dang.)
CLE V: Effective date, if other that effective date is listed, the date to or 90 days after the date of filing REQUIRED SIGNATURE:  Signature of a normal (In accordance with section constitutes an affirmation I am aware that any false)	must be specific and cannot be more than five business daing.)  ACCOUNTY OF THE PROPERTY OF A MARKET OF THE PROPERTY OF THE PROPER

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)