

# L13000010372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

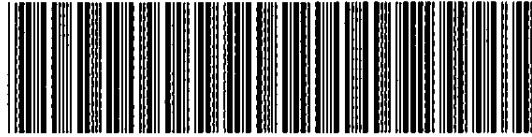
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600247764566

05/13/13--01006--021 \*\*125.00

TO AGROWALDICE  
SUFFICIENCY OF FILING

2013 MAY 13 PM 2:29

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF REGISTRATION

FILED  
2013 MAY 13 AM 9:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan MAY 14 2013

**CORPORATE  
ACCESS,  
INC.**

*"When you need ACCESS to the world"*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

**PICK UP:**

5/13/2013

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

LLC

1.

Green Wood Farm.biz, LLC

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

FILED

2013 MAY 13 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**GreenWoodFarm.biz, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

1535 SE 155<sup>th</sup> Street  
Summerfield FL 34491

**Mailing Address:**

P.O. Box 761  
Summerfield FL 34492

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Chris L. Compton  
1535 SE 155<sup>th</sup> Street  
Summerfield FL 34491

*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, Florida Statutes.*



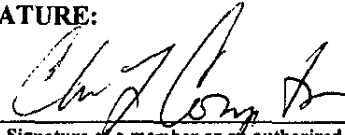
Chris L. Compton

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

The names and addresses of the Managers are as follows:

<b>Title:</b>	<b>Name and Address:</b>
"MGR"	Chris L. Compton 1535 SE 155 <sup>th</sup> Street Summerfield FL 34491

**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.)

Chris L. Compton  
Typed or printed name of signee

**FILED**  
**2018 MAY 13 AM 9:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**