

L14000045707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

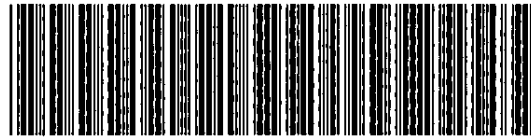
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000257678310

03/18/14--01021--023 \*\*160.00

EFFECTIVE DATE 3-17-14

2014 MAR 18 P 3:18  
000257678310

B. BOSTICK

MAR 19 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Lake Wales Beefs, 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:

Aaron Carricato  
Name of Person

Lake Wales Beefs, LLC  
Firm/Company

2930 West Knights Avenue  
Address

Tampa, Florida 33611  
City/State and Zip Code

beefsaaron@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Carricato at ( 813 ) 802-9861  
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

2011 NOV 18 10 31 18  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS



**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Aaron Carricato

2930 West Knights Avenue

Tampa, Florida 33611

AMBR

Seth Pickern

1609 North Gordon Street

Plant City, Florida 33563

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

03/17/14  
03:18  
03/17/14

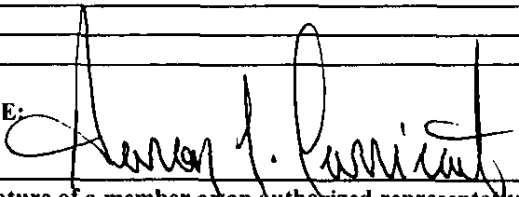
**ARTICLE V:** Effective date, if other than the date of filing: March 17, 2014. (OPTIONAL)

(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.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b), 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.)

Aaron Carricato

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)**