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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		:

Office Use Only



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03/25/14--01015--023 **130.00

EFFECTIVE DATE OH-1-14



B. BOSTICK
MAR 28 2014
FXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: MiVidaLocaFarm.LLC Name of Lin	mited Liability Company	
The enclosed Articles of Organization and fee(s) at Please return all correspondence concerning this n	•	
Donald Smith	Name of Person	
Miyidalocafarm	Firm/Company	
1662 NE 808th st	Address	
Old Town Fl 32680	City/State and Zip Code	
mividalocafarm@gmail.com E-mail address: (to be use	ed for future annual report notificat	ion)
For further information concerning this matter, ple		
Donald Smith at (at (at (386) 688-2406 Area Code Daytime Tele	phone Number
Enclosed is a check for the following amount:		ം ത
☐ \$125.00 Filing Fee	□\$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	Street/Courier Address Registration Section Division of Corporation	

Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Minimalanafarma I. I. C		
Mividalocafarm L.L.C. (Must end with the words "Li	mited Liability Company, "L.L.C.," or	r "LLC.")
ARTICLE II - Address:		
The mailing address and street address of the princ	ipal office of the Limited Liability Co	mpany is:
Principal Office Address:	Mailing Address:	
26329 SE highway 19 Old Town FI 32680	26329 SE highway 19 Old Town Fl 32680	
	0/4/10/4/11/10/2000	
ARTICLE III - Registered Agent, Registered Of	ffice. & Registered Agent's Signatus	Y A*
(The Limited Liability Company cannot serve as its	s own Registered Agent. You must des	
another business entity with an active Florida regis	stration.)	
The name and the Florida street address of the regis	stered agent are:	
Scarlett Aslan		
	Name	
8231 NE 113th In		
Florida street address (P.C). Box NOT acceptable)	
Bronson	FL 32621	
City	Zip	
Having been named as registered agent and to acco	ent samica of process for the above sta	tad limitad lighility company of
the place designated in this certificate, I hereby	accept the appointment as registered a	gent and agree to act in this
capacity. I further agree to comply with the provi of my duties, and I am familiar with and accept t		
ој ту айнез, ана г ат јатиаг жин ана ассері і	ne obligations of my position as registe Chapter 605, F.S	rea agent as providea for in
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Dranlik (Vil	1	
Registered Agent's	Signature (REQUIRED)) <u></u> 2
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"MGR" = Manager AMBR Myka McCoy 8231 NE 113th lane Bronson Fl 32621 MGR Donald Smith 1662 NE 808th st Old Town Fl 32680 Claudia Woff 1662 NE 808th st Old Town Fl 32680 Claudia Woff 1662 NE 808th st Old Town Fl 32680 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: April 1 2014 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statules, 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.) Myka McCoy 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)	"MGR" = Manager AMBR Myka McCoy 8231 NE 113th lane Bronson Fl 32621 MGR Donald Smith 1662 NE 808th st Old Town Fl 32680 MGR Claudia Wolf 1662 NE 808th st Old Town Fl 32680 (Use attachment if necessary) (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: April 1 2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 atte of filing.) CLE 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.) Myka McCoy Typed or printed name of signee	"AMBR" = Authorized Member	Name and Address:	
MGR Donald Smith 1682 NE 808th st Old Town Fl 32680 MGR Claudia Wolf 1662 NE 808th st Old Town Fl 32680 Claudia Wolf 1662 NE 808th st Old Town Fl 32680 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: April 1 2014 (OPTIONAL) ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.) CLE VI: Other provisions, if any. REOUIRED SIGNATURE: (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.) Myka McCoy Typed or printed name of signee Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	MGR Donald Smith 1662 NE 808th st Old Town Fl 32680 MGR Claudia Wolf 1662 NE 808th st Old Town Fl 32680 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: April 1 2014 (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 te of filing.) CLE VI: Other provisions, if any. REOUIRED 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.) Myka McCoy Typed or printed name of signee Filling Fees:			
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· ARTICLE IV-