

L14 0006 60885

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

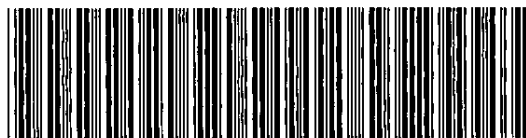
(Business Entity Name)

(Document Number)

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

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J. Shivers APR 15 2014

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14 APR 14 PM 3:54

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FBI/DOJ - BOSTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FLORIDA GOLD TUPELO HONEY 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:

MARK CHRISTOPHER GARRETT  
Name of Person

Firm/Company

5886 OLD BAINBRIDGE RD  
Address

TALLAHASSEE, FLORIDA, 32303  
City/State and Zip Code

mco@echelon33.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK CHRISTOPHER GARRETT at ( 850 ) 536 - 1257  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA GOLD TUPELO HONEY LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5886 OLD BAINBRIDGE RD  
TALLAHASSEE, FLORIDA, 32303

5886 OLD BAINBRIDGE RD  
TALLAHASSEE, FLORIDA, 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:

MARK CHRISTOPHER GARRETT

Name

5886 OLD BAINBRIDGE RD

Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE

FL 32303

City

Zip

*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 605, F.S..*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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14 APR 14 PM 3:54  
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FLORIDA

**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:**

MARK CHRISTOPHER GARRETT  
5886 OLD BAINBRIDGE RD  
TALLAHASSEE, FLORIDA, 32303

AMBR

SHARON MICHELLE GARRETT  
5886 OLD BAINBRIDGE RD  
TALLAHASSEE, FLORIDA, 32303

AMBR

JONATHAN ADAM SCARBOROUGH  
5886 OLD BAINBRIDGE RD  
TALLAHASSEE, FLORIDA, 32303

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/8/2014. (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.

EXECUTIVE OPERATING AGREEMENT: MARK CHRISTOPHER GARRET WILL HOLD 51%

SHARON MICHELLE GARRETT WILL HOLD 39% & JONATHAN ADAM SCARBOROUGH

WILL HOLD 10% CONTROLLING INTEREST RESPECTIVELY

**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.)

MARK CHRISTOPHER GARRETT

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)**

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STATE OF FLORIDA