

L14000093373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

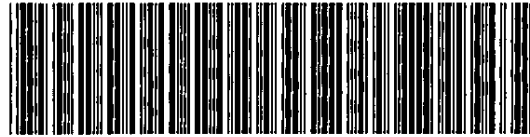
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/19/14--01025--006 **155.00

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14 JUN -6 AM 9:58
TALLAHASSEE, FLORIDA

625



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2014

MIQUELL MACK
151 SE 8TH AVE
OCALA, FL 34471

SUBJECT: HARVEST TIME PRODUCE LEAD BY G, LC
Ref. Number: W14000033178

We have received your document for HARVEST TIME PRODUCE LEAD BY G, LC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 514A00011437

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: HARVEST TIME PRODUCE LEAD BY G. 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:

Miquell G. Mack
Name of Person

Harvest Time Produce Lead by G. LLC
Firm/Company

151 SE 8th Ave
Address

Ocala, FL 34471
City/State and Zip Code

mmack0228@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Miquell G. Mack at (352) 304-6825
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Harvest Time Produce Lead by G. 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:

151 SE 8th Ave

PO Box 5971

Ocala, FL 34471

Ocala, FL 34478

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:

Miquell G. Mack

Name

151 SE 8th Street

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


Ocala

FL 34471

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)

14 JUN - 6 PM 8:56
STATE OF FLORIDA
TALLAHASSEE

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Larry Brown

14722 SW 22nd Ct. Rd

Ocala, FL 34473

MGR

Angela Brown

14722 SW 22nd Ct. Rd

Ocala, FL 34473

MGR

Patricia Mack

7858 SE 22nd Ave

Ocala, FL 34480

MGR

Miquell G. Mack

7858 SE 22nd Ave

Ocala, FL 34480

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

The purpose for which this Limited Liability Company is organized is: ANY AND ALL LAWFUL BUSINESS

REQUIRED SIGNATURE:

Patricia Mack

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.)

Patricia Mack

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)

14 JUN -6 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA