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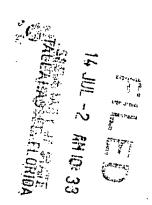
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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J. S. 101 0 5 5014

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	De Marka Far Name of Lin	onted Liability Company	
The enclosed Article	s of Organization and fee(s) ar	e submitted for filing.	প্ৰ
Please return all corre	espondence concerning this ma	atter to the following:	
	Donna Sc	hachne Name of Person	
	De Marke	a Farms L Firm/Company	.L.C.
	10101 SW	40 th St Address	
	Davie Formation Ajschac E-mati address: (to be used	ity/State and Zip Code h @ a mail. a d for future annual report notifica	com
For further information	on concerning this matter, plea	use call:	
Donna S Na	chachne_at(_ me of Person	Area Code Daytime Te	1 7 lephone Number
Enclosed is a check f	For the following amount:		,
3 \$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)
	ailing Address	Street/Courier Add Registration Section	ress

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Registration Section
Division of Corporations
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

The name of the Limited Liability Company	•			
De Marka Farm (Must end with the wor	S L.L.C.	omnany "I I C " or	"IIC")	
,	us Eminica Etablinty C	ompany, E.E.C., or	LLC.)	
ARTICLE II - Address: The mailing address and street address of the	principal office of the	Limited Liability Com	pany is:	
Principal Office Address:	Mailing	Address:		
10101 SW 40th St	اما	01 5W 40t	45	
Davie FL	Do	VIE FL	,	
325.78		22322		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	e as its own Registered			ual or
The name and the Florida street address of th	e registered agent are:			
Donna	Schachne	-		
	w 40th St			
	ss (P.O. Box <u>NOT</u> acce	-		
Davie	FL.	33328 Zip		
Having been named as registered agent and the place designated in this certificate, I h				
capacity. I further agree to comply with the	provisions of all statute	s relating to the prope	r and complete p	performance
of my duties, and I am familiar with and a	ccept the obligations of Chapter 805, F.S.		ed agent as prov	nded for in
) ***		6	
)_2		14
Registered-Ag	gent's Signature (REQU	HRED)		
,	CONTINUED)		Ž.F.	American
(ŕ			✓ Image:
	Page 1 of 2		4.7	

<u>Title:</u> "AMBR" = Authorized M	ember	Name and Address:	
"MGR" = Manager M62		Donna Schachne 1010 1 SW 40th St	<u> </u>
		Davie FL 33328	_
			<u>-</u>
			_
			-
			_
			 -
(I lea attachment if negaci	rv)		
fective date is listed, the d	er than the date of filin	age: $\frac{6/29/14}{29/14}$. (OPTIONAL) and cannot be more than five business days prior to or	· 90 ds
LE V: Effective date, if other fective date is listed, the desired of filing.)	er than the date of filin te must be specific a		· 90 ds
LE V: Effective date, if other fective date is listed, the desired of filing.)	er than the date of filin te must be specific a		· 90 ds
LE V: Effective date, if other fective date is listed, the design of filing.)	er than the date of filin te must be specific a		· 90 ds
LE V: Effective date, if othe fective date is listed, the disoffiling.) LE VI: Other provisions, if a required signature of signature	er than the date of filin the must be specific a may.	or an authorized representative of a member.	
LE V: Effective date, if othe fective date is listed, the drof filing.) LE VI: Other provisions, if the description of the provisions of	er than the date of filin the must be specific a may. The specific a may be specific a may fair a member of a mem	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this documen enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State	t
LE V: Effective date, if othe fective date is listed, the drof filing.) LE VI: Other provisions, if the description of the provisions of	er than the date of filing the must be specific a structure of a member of with section 605.0203 firmation under the plany false information and degree felony as product of the product o	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this documen enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State rovided for in s.817.155, F.S.)	t
LE V: Effective date, if othe fective date is listed, the droof filing.) LE VI: Other provisions, if the second s	er than the date of filing the must be specific a structure of a member of with section 605.0203 firmation under the plany false information and degree felony as product of the product o	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this document enalties of perjury that the facts stated herein are true. In submitted in a document to the Department of State revided for in s.817.155, F.S.) Schaches do or printed name of signee	t
LE V: Effective date, if othe fective date is listed, the drof filing.) LE VI: Other provisions, if an accordance constitutes an all am aware that constitutes a thi	rathan the date of filing the must be specific a surply. Tature of a member of the section 605.0203 firmation under the plany false information degree felony as produced by the section of the plany false information and degree felony as produced by the section of the section	or an authorized representative of a member. (1) (b), Florida Statutes, the execution of this documen enalties of perjury that the facts stated herein are true. submitted in a document to the Department of State rovided for in s.817.155, F.S.)	t

ARTICLE IV-