

L14000137524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

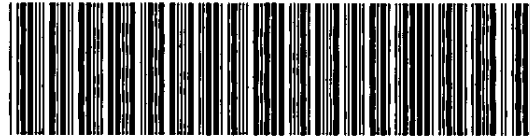
(Document Number)

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

Special Instructions to Filing Officer:

Paula Fogg GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Effective Date  
DATE 9/3/14  
DOC. EXAM TH

Office Use Only



400262843524

08/05/14--01023--003 \*\*130.00

Effective Date

7/29/14

FILED  
14 AUG -5 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP - 3 2014

T. HAMPTON

625

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NUT N 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:

Paula Fogg

Name of Person

NUT N HONEY

Firm/Company

25933 W Newberry Rd

Address

Newberry Florida 32669

City/State and Zip Code

Foggdavidl@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Fogg

Name of Person

at ( 352 ) 472-2257

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 5, 2014

PAULA FOGG  
25933 W NEWBERRY RD  
NEWBERRY, FL 32669

SUBJECT: NUT N HONEY LLC.  
Ref. Number: W14000047855

We have received your document for NUT N HONEY LLC. and your check(s) totaling \$130.00. 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: 514A00016782

Effective Date 7/29/14

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NUT N 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:**

Paula Fogg

**Mailing Address:**

25933 W. Newberry Rd  
Newberry FL 32669

**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:

Paula Fogg

Name

25933 W. Newberry Rd

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

Newberry

City

FL 32669

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..*

*Paula Fogg*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE  
TALLAHASSEE 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 \_\_\_\_\_

MGR \_\_\_\_\_

**Name and Address:**

Paula Fogg

25933 W. Newberry Rd

Newberry FL 32669

David Fogg

25933 W. Newberry Rd

Newberry FL 32669

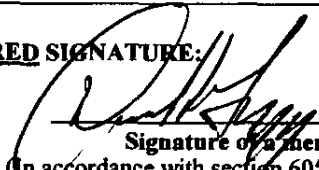
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/26/2014 <sup>29</sup> (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.)

Paula Fogg

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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SECRETARY OF STATE  
TALLAHASSEE FLORIDA