614000139684

(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
3	Office Use Only



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08/29/14--01014--006 **160.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FINDING

Form Sale

COVER LETTER*

то:	Registration Section Division of Corporations		
SUBJI	ECT: WETSU Farms "LLC"		
	Name of Li	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Marlene S Whitman		
		Name of Person	
	WETSU Farms "LLC"		
		Firm/Company	
	866 Warner RD		
		Address	
	Green Cove Springs, Florida 3204	·· ···································	
lei	shmurphygirl@yahoo.com	City/State and Zip Code	
		d for future annual report notifica	tion)
For fur	ther information concerning this matter, ple	ase call:	
Marle	ne S Whitman at (_	904) 612-2717	
	Name of Person	Area Code Daytime Tel	ephone Number
Enclos	ed is a check for the following amount:		
□ \$125.0	00 Filing Fee & Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	. Company in		
The name of the Limited Liability	y Company is:		
WETSU Farms "LLC"			
(Must end v	vith the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:			
The mailing address and street ad	ldress of the principal	office of the Limited Liability Company is:	
Principal Office Address:		Mailing Address:	
866 Warner RD		866 Warner RD	
Green Cove Springs		Green Cove Springs	
Florida 32043		Florida 32043	
		0.00	
		e, & Registered Agent's Signature: vn Registered Agent. You must designate an inc	dividual or
another business entity with an a			3171000.01
•	_		
The name and the Florida street a	ddress of the registere	ed agent are:	
William	Whitman	-1	
	Nan	ne A	
866 Wai	mer RD	A	
	street address (P.O. Be	ov NOT acceptable)	
		S	9 9
Green C	ove Springs	FL 32043 mc	n E
	City	Zip	3 111
		service of process for the above stated limited in ept the appointment as registered agent and agr	
		is of all statutes relating to the proper and comp	
of my duties, and I am familia		obligations of my position as registered agent as	provided for in
	Cha	upter 605, F.S	
— MDS	egistered Agent's Sign	nature (REOLIRED)	
IX.	egisteren væcitt a nigi	man (undougnes)	

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
'AMBR" = Authorized Member	,
"MGR" = Manager AMBR	Marlene S Whitman
AIVIDIT	866 Warner Rd
	Green Cove Springs, FL 32043
	Groot Gotto Gpringer, 12 020 10
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	SM 5
EV: Effective date, if other than the	date of filing: (OPTIONAL)
E V: Effective date, if other than the extive date is listed, the date must be f filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the extive date is listed, the date must be filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	e specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the certive date is listed, the date must be filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	
EV: Effective date, if other than the cetive date is listed, the date must be filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	e specific and cannot be more than five business days prior to or 90 S. Whitman member or an authorized representative of a member.
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation of a management of the section constitutes are affirmation of a management of the section constitutes are affirmation constitutes are affirmation constitutes are affirm	e specific and cannot be more than five business days prior to or 90
E V: Effective date, if other than the extive date is listed, the date must be filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation used a management of the constitutes are affirmation used as management of the constitutes are affirmation used as management.	e specific and cannot be more than five business days prior to or 90 Left S. White W. member or an authorized representative of a member. 10 605.0203 (1) (b), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true. 11 formation submitted in a document to the Department of State elony as provided for in s.817.155, F.S.)

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)