

L14000153820

Florida Department of State
Division of Corporations
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EFFECTIVE DATE
9-29-2014

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA LIMITED LIABILITY CO. M.A.S FARM LLC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

K. SALY
EXAMINER
OCT - 2 2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
7-29-2014

M.A.S. FARM 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:

5655 Klondike Rd.

same

BASCOM, FLORIDA 32423

same

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:

ERIKA S. PEREDA

Name

5655 Klondike Rd.

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

Bascom

FL 32423

City, State, and 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

Erika Pereda

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ERIKA S. PEREDA 98 %

5655 Klondike Rd.

Basscom, FL. 32423

MGRM

JULIO C. PEREDA 2 %

5655 Klondike Rd.

Basscom, Florida 32423

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09-29-2014. (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.)

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.02 of Florida Statutes, the execution of this document constitutes an attestation under the penalties of perjury that the facts stated herein are true.)

JULIO C. PEREDA

Typed or printed name of signer