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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

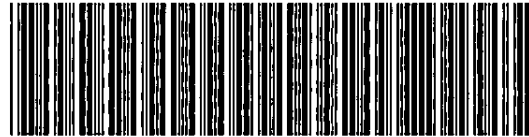
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

REDGRAVE & ROSENTHAL^{LLP}
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jzakin@redgraveandrosenthal.com
Direct Dial 561.226.7819

October 2, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Our File No. 36219-00002
Lost Creek Farm, LLC

Dear Sir or Madam:

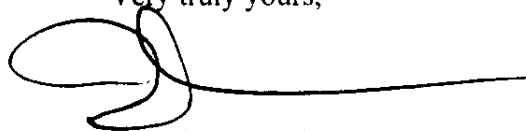
Enclosed please find the following for the above referenced entity:

1. Cover Letter;
2. Articles of Organization; and
3. A check in the amount of \$130.00 payable to the "Florida Department of State" for the filing fee and Certificate of Status.

Please file the enclosed Articles of Organization with the Florida Department of State and return confirmation of filing to our office at the address indicated on the attached Cover Letter.

If you have any questions, please do not hesitate to contact me.

Very truly yours,



Jennifer E. Zakin

JEZ/ib
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lost Creek Farm, 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:

Ilana Brunelle, Paralegal
Name of Person

Redgrave & Rosenthal LLP
Firm/Company

120 East Palmetto Park Road, Suite 400
Address

Boca Raton, Florida 33432-4809
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer E. Zakin, Esq. at (561) 347-1700
Name of Person 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Lost Creek 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:

100 Worth Avenue, #417
Palm Beach, Florida 33480

100 Worth Avenue, #417
Palm Beach, Florida 33480

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:

Mary T. Philpitt

Name

100 Worth Avenue, #417

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

Palm Beach, FL 33480

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..

Mary T. Philpitt

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

MGR

MGR

Name and Address:

Mary T. Philpit

100 Worth Avenue, #417

Palm Beach, Florida 33480

Thomas T. Philpit

1399 SW 21st Lane

Boca Raton, Florida 33486

(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.

REQUIRED SIGNATURE:

Mary T. Philpit

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.)

Mary T. Philpit

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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