

L500001845/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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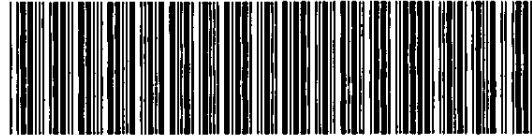
(Business Entity Name)

(Document Number)

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FILED  
15 JAN 20 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE  
1/1/16

JAN 30 2015

S. YOUNG

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: HEIRLOOM HYDROPONICS, 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:

CHRISTOPHER CUBBERLY

Name of Person

Firm/Company

22415 INDIANWOOD WAY

Address

EUSTIS, FL 32736

City/State and Zip Code

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

For further information concerning this matter, please call:

CHRISTOPHER CUBBERLY at ( 352 ) 589-0263  
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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HEIRLOOM HYDROPONICS, 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:**

22415 INDIANWOOD WAY  
EUSTIS, FL 32736

22415 INDIANWOOD WAY  
EUSTIS, FL 32736

**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:

CHRISTOPHER CUBBERLY

Name

22415 INDIANWOOD WAY

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

EUSTIS

FL 32736

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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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15 JAN 20 PM 4:09  
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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

**Name and Address:**

CHRISTOPHER CUBBERLY

22415 INDIANWOOD WAY

EUSTIS, FL 32736

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01/16/2015. (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.)

CHRISTOPHER CUBBERLY

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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15 JAN 20 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Affidavit to Release Limit Liability name for New Articles of Organization**

**STATE OF FLORIDA**

**COUNTY OF LAKE**

**1. Introduction.** Christopher Cubberly, being duly sworn, deposes and says:

**2. Description of Deponent.** I am the Manager of Heirloom Hydroponics, LLC, a limited liability company organized and existing under the laws of Florida and qualified to do business under the laws of Florida, with its principal offices at: 22415 Indianwood Way Eustis, FL 32736 I make this affidavit solely as an agent of the above referenced limited liability company and in no other capacity.

**3. Revoking Privilege and Release of Name.** I do now hereby revoke any former use of limited liability company name and do now transfer the limited liability name: Heirloom Hydroponics, LLC. to be filed and used with the new articles of organization now dated January 16, 2015 having full right, power, and authority to transfer such name.

**4. Inducement.** This affidavit is made for the specific purpose of transferring the limited liability company name as stated from any/all previous articles of organization dated prior to the new articles now dated January 16, 2015.

  
Signature — Christopher Cubberly

Be it known that on the 16th day of January, 2015 before me appeared Christopher Cubberly who is personally known to me.

  
Notary - State of Florida



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JAN 20 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA