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T. HAMPTON

COVER LETTER

	egistration Section vision of Corporations			
SUBJECT	Messenger Hill Farm, LLC			
Name of Limited Liability Company				
The enclose	ed Articles of Organization and fee(s) are submitted for filing.			
Please retu	rn all correspondence concerning this matter to the following:			
	Jodi Vazquez			
	Name of Person			
	Messenger Hill Farm, LLC			
	Firm/Company			
	3610 Royalle Terrace			
	Address			
	Wellington, FL 33449			
	City/State and Zip Code jodi.vazquez@gmail.com			
	E-mail address: (to be used for future annual report notification)			
For further	information concerning this matter, please call:			
Jodi Vazo	quez 773 203-3135			
	Name of Person Area Code Daytime Telephone Number			
Enclosed is	s a check for the following amount: ling Fee \$\int \text{\$130.00 Filing Fee & Certificate of Status} \text{\$Certified Copy (additional copy is enclosed)} \$Certified Copy (additional co			
	Mailing Address Street/Courier Address			

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

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	::	
Messenger Hill Farm,	LLC		
		s "Limited Liability Company, "L.L.C.," or "L	LC.")
ARTICLE II - Address The mailing address and		principal office of the Limited Liability Compa	any is:
Principal Office Addre	ss:	Mailing Address:	
3610 Royalle Terrace Wellington, FL 33449		3610 Royalle Terrace Wellington, FL 33449	
(The Limited Liability C another business entity	Company cannot serve with an active Florida		nate an individual or
The name and the Florid			
-	Corporation Service		
		Name	
_	1201 Hays Street		
	Florida street address	s (P.O. Box <u>NOT</u> acceptable)	
_	Tallahassee	_{FL} 32301	
	City	Zip	
the place designated capacity. I further agr	in this certificate, I he ree to comply with the	o accept service of process for the above stated ereby accept the appointment as registered agen provisions of all statutes relating to the proper occept the obligations of my position as registered Chapter 605, F.S	nt and agree to act in this and complete performance
	Registered Age	ent's Signature (REQUIRED)	FALSE 15
	Dawn Frantz, Assi	t. Secretary	CRE JAN
	(0	CONTINUED)	14 N 22 T
		Page 1 of 2	2 AM III

Title:	Name and Address:
"AMBR" = Authorized Member	Tame and Address;
"MGR" = Manager	
AMBR	Jodi Vazquez
	3610 Royalle Terrae
	Wellington, FL 33449
AMBR	Freddie Vazquez
	3610 Royalle Terrace
	Wellington, FL 33449
(Use attachment if necessary)	
• •	
ICLE V: Effective date, if other than the	date of filing: Upon Filing (OPTIONAL)
ı effective date is listed, the date must b	be specific and cannot be more than five business days prior to or 90 days
ate of filing.)	
ICLE VI: Other provisions, if any.	
<u> </u>	

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.)

Elizabeth L. Corey, Authorized Representative

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)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

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15 JAN 22 AMII: 14
SECRETARY OF STATE