

LI 5000027809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

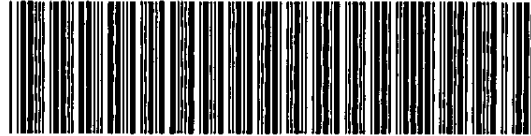
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/09/15--01014--008 \*\*125.00

FILED  
15 Feb -9 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED FEB 16 2015



**Norm D. Fugate**

Board Certified Attorney

• Real Estate Law  
• City, County and Local Government Law

**Woodroe Blake Fugate**

Associate Attorney

**Norm D. Fugate, P.A.**

**A Law Firm**

February 4, 2015

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** S&S Farms Northeast, LLC.

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Norm D. Fugate  
Norm D. Fugate, P.A.  
Post Office Box 98  
Williston, Florida 32696

For further information concerning this matter, please call:

Norm D. Fugate at (352) 528-0019

Enclosed is a check for the following amount: \$125.00 for the Filing Fee and Registered Agent Fee

**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  
OF  
S&S FARMS NORTHEAST, LLC.**

**ARTICLE I – NAME**

The name of the limited liability company is S&S Farms Northeast, LLC., ("company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
1551 NE Highway 41  
Williston, Florida 32696

Mailing Address:  
140 Nashoba Road  
Littleton, MA 01460

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Sarah Seaward  
1551 NE Highway 41  
Williston, Florida 32696

*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.*

Sarah Seaward  
Sarah Seaward

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ARTICLE IV - MANAGER OR MEMBER

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

Name and Address:

Sarah Seaward  
140 Nashoba Road  
Littleton, MA 01460

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TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Sarah Seaward

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

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sarah Seaward

Typed or printed name of signee