

L1500 0050250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

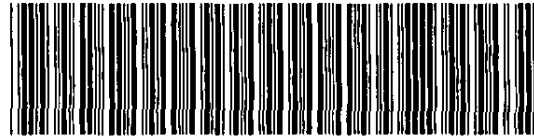
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE REGISTRATION
15 MAR 23 PM 4:03
NOT RECORDED
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APPROVED
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 MAR 23 PM 4:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpha Omega Farms, 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:

Theodore M. Washington

Name of Person

Alpha Omega Farms, LLC

Firm/Company

2621 Old Bartow Rd.

Address

Lake Wales, FL 33859-8116

City/State and Zip Code

twash400@yahoo.com

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

For further information concerning this matter, please call:

Theodore M. Washington at (407) 466-9128

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:

Alpha Omega Farms, 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:

2621 Old Bartow Rd.
Lake Wales, FL 33859-8116

2079 Longfellow Ct.
Orlando, FL 32818

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:

Theodore M. Washington
Name

2079 Longfellow Ct.
Florida street address (P.O. Box NOT acceptable)

Orlando FL 32818
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.

Theodore M. Washington
Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR 23 PM 4:05

ALPHA OMEGA
FARM, LLC
FILED

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

MGR

Name and Address:

Theodore M. Washington

2079 Longfellow Ct.

Orlando, FL 32838

Theodore M. Washington II
2079 Longfellow Ct
Orlando, FL 32818

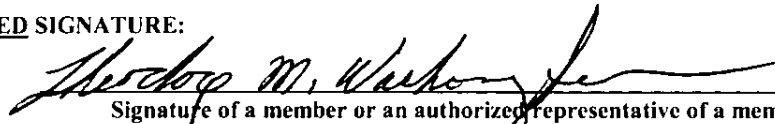
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 18, 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.)

Theodore M. Washington

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)

RECEIVED
MAR 23 2015
STATE
DEPARTMENT OF
RECORDS & ADMINISTRATION

15 MAR 23 PM 4:05

ARTICLE
FILED