

L150000 637 60

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

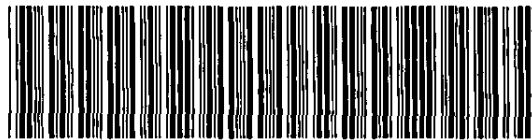
(Business Entity Name)

(Document Number)

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

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4/6/15

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15 APR 13 PM 12:58  
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15 APR 13 PM 1:04  
FILING OFFICE  
DEPARTMENT OF STATE

APR 13 2015  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tallahassee Aquaponics, 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:

Lowell Collins

Name of Person

Tallahassee Aquaponics, LLC

Firm/Company

1010E. Paul Russell Road

Address

Tallahassee, Florida, 32301

City/State and Zip Code

LCollins239@gmail.com

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

For further information concerning this matter, please call:

Lowell Collins at (850) 895-7947

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

EFFECTIVE DATE

4/6/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tallahassee Aquaponics, 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:

1010 F. Paul Russell Road  
Tallahassee, Florida  
32301

Mailing Address:

1010 F. Paul Russell Road  
Tallahassee, Florida  
32301

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:

Lowell Collins

Name

1010 F. Paul Russell Road

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

Tallahassee FL 32301

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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APPROVED  
TALLAHASSEE, FLORIDA  
APR 13 2015