

L 15000071054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

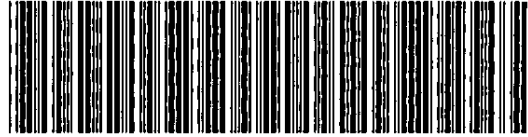
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR - 3 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/23/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mar-Cille Farm 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:

Mary Lattig
Name of Person

Mar-Cille Farm
Firm/Company

1732 Lagoon Ct.
Address

Lakeland, FL 33803
City/State and Zip Code

marcillefarm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Lattig at (863) 559-6366
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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15 APR -3 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 03/31/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mar-cille Farm LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

15 APR -3 AM 10: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

1020 Vandolah Rd
Wauchula, FL 33873

Mailing Address:

1732 Lagoon Ct
Lakeland, FL 33803

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:

Mary Lattig
Name

1732 Lagoon Ct
Florida street address (P.O. Box **NOT** acceptable)

Lakeland FL 33803
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..

Mary Lattig
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

"MGR" = Manager

Bob Lattig

1020 Vandolah Rd
Wauchula, FL 33873

Mang Lattia

1020 Vandolath Rd
Wauchula, FL 33873

03/31/2015

(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.)

REQUIRED SIGNATURE:

RE: Mary Lathig

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.)

Many Lattig
Typed or printed name

Typed or printed name of signee

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA