

LI5000078638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

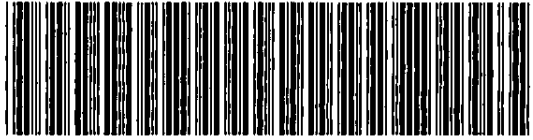
(Business Entity Name)

(Document Number)

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

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FILED  
15 MAY - 1 PM 12: 20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY - 5 2015

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Miracle 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:

Pamela Murray  
Name of Person

Miracle Farms, LLC  
Firm/Company

6028 W Cardinal St.  
Address

Homosassa, FL 34446  
City/State and Zip Code

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

For further information concerning this matter, please call:

Pamela Murray at (352) 364-1966  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2015

PAMELA MURRAY  
6028 W CARDINAL ST.  
HOMOSASSA, FL 34446

SUBJECT: MIRACLE FARMS, LLC  
Ref. Number: W15000027638

15 MAY -1 PM 10:00  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

We have received your document for MIRACLE FARMS, LLC and check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration Section.

Letter Number: 215A00007907

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

FILED  
15 MAY - 1 PM 12:20  
CLERK 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:

Mailing Address:

6028 W Cardinal St  
Homosassa, FL 34446

6028 W Cardinal St  
Homosassa, FL 34446

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:

Pamela Murray  
Name

6028 W Cardinal St  
Florida street address (P.O. Box NOT acceptable)

Homosassa FL 34446  
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..*

Pamela J Murray  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

\_\_\_\_\_

\_\_\_\_\_

AMBR

Pamela Murray  
6028 W Cardinal St  
Homosassa, FL 34446

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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:**

Pamela Murray

**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.)

Pamela Murray  
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)