

L15000094761

(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:

Office Use Only



100273372021

06/02/15--01013--013 \*\*160.00

RECEIVED  
15 JUN -2 AM 11:04  
TOLSON, CORP.

1/9  
JFA  
NEW  
CO  
\*  
W/2

FILED  
2015 JUN -2 AM 11:17  
CLERK OF STATE  
TREASURY OF STATE

**CUNNINGHAM FARM LLC.**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CUNNINGHAM 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.

**Clay Lambert**

Name of Person

Firm/Company

**4081 NW 36<sup>th</sup> Place**

Address

**Jennings, Florida 32053**

City/State and Zip Code

**clay\_lambert@yahoo.com**

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

For further information concerning this matter, please call:

**Clay Lambert**

at ( **386** )

**292-0211**

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:

eff 6/1

**Cunningham Farm 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:

**Principle Office Address:**

**Mailing Address:**

**Cunningham Farm LLC.**

**4081 NW 36<sup>TH</sup> Place**

**Jennings, Florida 32053**

**Cunningham Farm LLC.**

**4081 NW 36<sup>TH</sup> Place**

**Jennings, FL 32053**

FILED  
2015 JUN -2 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

**Clay Lambert**

Name

**4081 NW 36<sup>TH</sup> Place**

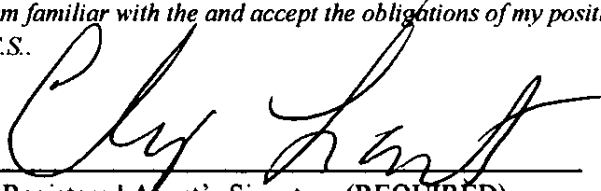
Florida street address (P.O. Box **NOT** acceptable)

**Jennings, FL 32053**

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 the and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



Registered Agent’s Signature (REQUIRED)

#### **ARTICLE IV –**

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

**Title:**

“AMBR” = Authorized Member

“MGR” = Manager

AMBR

**Name and Address:**

Cynthia Marie Kirts

5413 SW 4<sup>th</sup> Place

Gainesville, Florida 32607

AMBR

Lisa Ann Wall

1157 Swan Street

Deltona, Florida 32725

AMBR

Eleanor Cunningham Pojer

229 NE Horry Ave

Madison, Florida 32340

AMBR

Debra Lynn Blair

229 NE Horry Ave

Madison, Florida 32340

AMBR

Charles G. Lambert

4047 NW 36<sup>TH</sup> Place

Jennings, Florida 32053

AMBR

Clay G. Lambert

4081 NW 36<sup>TH</sup> Place

Jennings, Florida 32053

**ARTICLE V:** Effective date, if other than the date of filing: 1 June, 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.  
**CUNNINGHAM FARM LLC**, is a farm in Hamilton County, Florida located at 34 2N 11E consisting of the following parcels: 4951-000 (10ac); 4951-005 (40 ac); 4951-015 (10 ac); 4951-020 (10 ac); 4951-025 (10 ac).

**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.)

\_\_\_\_\_  
**Clay Lambert**

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)