

		_
(Re	equestor's Name)	
(Address)		
(Ad)	ldress)	
(Au	aress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
1		
Special Instructions to	Filing Officer:	

Office Use Only

JUL 0 7 2015 T. SCOTT



200274325562

06/29/15--01025--031 **155.00

15 JUN 29 AN II: 46

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Florida Grown NVESTMENTS, UC 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:				
MARIBELLE B. DELAFUENTE Name of Person				
Florida Grown INVESTMENTS, (1C)				
4415 Florida NAHONAL DR#114				
LAKELAND FL 33813 City/State and Zip Code FLGI & YAHOO: COM				
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:				
MACIBELLE B. DELAFUENTE 813 967-0626 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 Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)				
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Florida Grown INVES from the Words "Limited Liability Company, "L.L.C.," or "LLC.")	LIC
(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:	
4415 FloRIDA NATIONALDE.	4415 Floripa	NATIONAL DR
SUT. #114 LAXELAND FL 33813	LAKELAND FLE	
.,		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent' (The Limited Liability Company cannot serve as its own Registered Agent. You		
another business entity with an active Florida registration.)	•	万 三温 *
The name and the Florida street address of the registered agent are:		
4.44.4.4.		N ***

MARIBETE B. DETAFLIENTE

Name

4415 Florida Mattona DK

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

LATERANO FC 33813

City State 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)

Page 1 of 2

ART	rici	LE I	IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARIBEILE B. DELAFUENTE 13840 E USHW 92 DOVER FL 33527
_MGR MBR	DUANE A. MOSSOW 2435 EWELL RD LAKETAND FC 33811
mer_	LEBECAH J. MOSSOW 2435 EWELL RD LAKETAN FL 33811
(Use attachment if necessary)	
he date of filing.) Note: If the date inserted in this block does not meet the	ng: (OPTIONAL) and cannot be more than five business days prior to or 90 days after ne applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of Standard VI: Other provisions, if any.	te's records.
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.)

MACIBELLE B. DELAFLENTE
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)