## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000179918 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: THOMAS K. BOARDMAN, P.A.

Account Number : 102350003270

Phone Fax Number : (863)674-1027 : (863)674-1029

\*\*Enter the email address for this business entity to be used for futl annual report mailings. Enter only one email address please.

Email Address: williamsfarmsl@aol.com

## FLORIDA LIMITED LIABILITY CO. LUCKY ME, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JUL 27 2015

W PAINTER

Electronic Filing Menu

Corporate Filing Menu

Help

H15000179918 3

#### ARTICLES OF ORGANIZATION

OF

#### LUCKY ME, LLC

The undersigned member hereby certifies that the undersigned member of this organization desires to form a single member limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

### CHARTER

#### ARTICLE I

#### NAME

The name of the limited liability company shall be LUCKY ME, LLC.

#### ARTICLE II

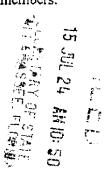
The mailing address and street address of the principal office of this limited liability company shall be 1300 N 15th Street, Suite #1, Immokalee, Florida 34142.

#### ARTICLE III

#### DURATION

This limited liability company shall exist until January 31, 2045, unless sooner dissolved in a manner provided by law or as provided in the regulations adopted by the members.

THIS DOCUMENT PREPARED BY: Thomas K. Boardman THOMAS K. BOARDMAN, P.A. P.O. Box 2197 LaBelle, Florida 33975 (863) 674-1027 Florida Bar No. 103581



H15000179918 3

#### ARTICLE IV

#### MANAGEMENT

This limited liability company shall be managed by one of its members. The name and address of the manager/member is as follows:

Carrie Williams 1300 N 15th St., Suite #1 Immokalee, Florida 34142

#### ARTICLE V

#### RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members by majority consent. Contributions required of new members shall be determined as of the time of admission to the limited liability company.

#### ARTICLE VI

#### MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the liability company, the remaining members shall have the right to continue the business upon the majority consent of such remaining members.

Executed by the undersigned at LaBelle, Florida, on July

STATE OF FLORIDA COUNTY OF HENDRY

The foregoing instrument was sworn to and acknowledged before me this <u>23</u> day of July, 2015, by CARRIE WILLIAMS who is personally known to me or □who has produced \_ as identification.

KERENSA M. CLARK Notary Public - State of Florida ly Comm. Expires Aug 14, 2016 Commission # EE 195385

H15000179918 3

H15000179918 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: LUCKY ME, LLC
- 2. The name and address of the registered agent and office is:

Carrie Williams (Name)

1300 N 15<sup>th</sup> Street, Suite #1 (P.O. Box not acceptable)

Immokalee, Florida 34142 (City/State/Zipcode)

Having been named as registered agent and to accept service of process for the above state corporation 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.

(Signature)

(Date)