

L15000 128009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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~~L15-116889~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 23 AM 11:04

APPROVAL
AND
FILED

Handwritten mark

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Florida Grown Harvesting 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:

Richard R Tharpe
Name of Person

Florida Grown Harvesting LLC
Firm/Company

2872 Novel Road
Address

Wauchula, Florida 33873
City/State and Zip Code

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

For further information concerning this matter, please call:

Richard R Tharpe 941 812-4834
Name of Person at () 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2015

RICHARD R THARPE
2872 NOVEL ROAD
WAUCHULA, FL 33873

SUBJECT: FLORIDA GROWN HARVESTING LLC
Ref. Number: W15000046889

We have received your document for FLORIDA GROWN HARVESTING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 615A00014597

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

15 JUL 23 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Grown Harvesting 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:

Principal Office Address:

Mailing Address:

Florida Grown Harvesting LLC
2872 Novel Road
Wauchula, FL 33873

Florida Grown Harvesting LLC
2872 Novel Road
Wauchula, FL 33873

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.)

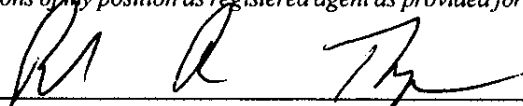
The name and the Florida street address of the registered agent are:

Richard R Tharpe
Name

2872 Novel Rd
Florida street address (P.O. Box **NOT** acceptable)

Wauchula FL 33873
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)

APPROVED
AND
FILED

ARTICLE IV-

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

15 JUL 23 AM 11:04

Title:
"AMBR" = Authorized Member
"MGR" = Manager
AMBR

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Richard R Tharpe
2872 Novell Rd
Wauchula, FL 33873

AMBR

Alysia Taylor
655 Muscogee Dr
N Ft Myers, FL 39903

(Use attachment if necessary)

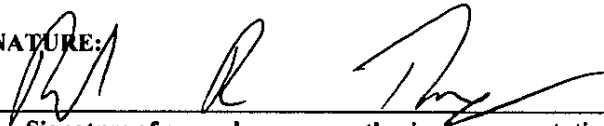
ARTICLE V: Effective date, if other than the date of filing: July 1, 2015. (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Richard R Tharpe

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)