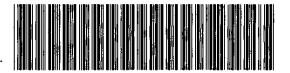
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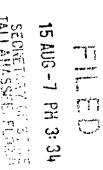
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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07/20/15--01018--010 \*\*130.00





## **COVER LETTER**

	Registration Section Division of Corporations			
SUBJEC	Dragon Fruit Farms, LLC			
SUBJEC		imited Liability Company		
The encle	osed Articles of Organization and fee(s)	are submitted for filing.		
Please re	turn all correspondence concerning this i	matter to the following:		
	Gary William Roche			
		Name of Person	_	
		Firm/Company	_	
	110 N Federal Hwy, Apt 1412			
		Address		
	Fort Lauderdale, FL 33301	上 [1]	5 AUG	•
	Oxfordstocktrader@yahoo.com /	City/State and Zip Code	G-7	Ī
	E-mail address: (to be use	ed for future annual report notification)		1
For further	information concerning this matter, plea	ase call:	PH 3: 34	E.
	Gary Roche at (	954 494-1661	<u>.</u>	
	Name of Person	Area Code Daytime Telephone Number		
Enclosed	is a check for the following amount:			
	Filing Fee \$\frac{1}{2}\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is er	ıs &	
	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 28, 2015

GARY WILLIAM ROCHE 110 N FFEDERAL HWY., APT 1412 FORT LAUDERDALE, FL 33301

SUBJECT: DRAGON FRUIT FARMS, LLC

Ref. Number: W15000050740

We have received your document for DRAGON FRUIT FARMS, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6052.

New Filing Section.

Letter Number: 715A00015765

340

please see the attached amendment.

Could use Superfruit Farms, LLC

as the name?

www.sunbiz.org

Division of Corporations PO ROY 6397 Tallahassaa Florida 39914

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is:		
Dragon Fruit Farms (Must end v	vith the words "Limited I	erfruit 1	Farms_LLC any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street ad	dress of the principal off	ice of the Lim	ited Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
110 N Federal Hwy, a Fort Lauderdale, FL 3			10 N Federal Hwy, Apt 1412 Fort Lauderdale, FL 33301
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	legistered Age	sgent's Signature: nt. You must designate an individual or
The name and the Florida street a	ddress of the registered a	gent are:	
	Gary W Roche		
		Name	
	110 N Federal Hwy, A	pt 1412	
	Florida street address	(P.O. Box <u>NO</u>	T acceptable)
	Fort Lauderdale	FL	33301

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 4s provided for in Chapter 605, F.S..

City

State

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

$\frac{\text{Title:}}{\text{"}\Delta MRR"} = \Delta I$	uthorized Member	Name and Address:	
"MGR" = Mar			
MGR		Gary W Roche	
		110 N Federal Hwy, Apt 1412	
		Fort Lauderdale, FL 33301	_
			_
			_
			_
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			_
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(Ose attachine			
of filing.)		e of filing: (OPTIONAL) secific and cannot be more than five business days prior to on	
of filing.) If the date insert	e date, if other than the date isted, the date must be sp	neet the applicable statutory filing requirements, this date will	
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