# L15000/65973

(Re	equestor'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

SEP 3 0 2015 T. SCOTT



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## **COVER LETTER**

D	ivision of Corporations
CUDIECT	Force Of Nature Farms LLC
SUBJECT	Name of Limited Liability Company
The enclos	sed Articles of Organization and fee(s) are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Deborah Garcia
	Name of Person
	Firm/Company
	7120 NW 87 Ave
	Address
	Parkland, Fl 33067
	City/State and Zip Code Forceofnatureinc@aol.com
•	E-mail address: (to be used for future annual report notification)
For further i	nformation concerning this matter, please call:
	Deborah Garcia 954 304 - 2391 at ()
	Name of Person Area Code Daytime Telephone Number
Enclosed is	s a check for the following amount:
<b>\$</b> 125,00 Fi	

# Mailing Address

TO:

**Registration Section** 

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Force Of Nature		
(Must	end with the words "Limited Lial	ility Company, "L.L.C.," or "LLC.")
LE II - Address:		
iling address and stre	eet address of the principal office	of the Limited Liability Company is:
Principal Office Address:		Mailing Address:
7120 NW 87 Av	<b>A</b>	7120 NW 87 Ave
11201111 01111	Ç	/1201111 O/ MIC
Parkland FI 330  ELE III - Registered mited Liability Combusiness entity with	Agent, Registered Office, & Repany cannot serve as its own Registant an active Florida registration.)	Parkland Fl 33067  egistered Agent's Signature: stered Agent. You must designate an individual
Parkland FI 330  ELE III - Registered mited Liability Combusiness entity with	Agent, Registered Office, & R	Parkland Fl 33067  egistered Agent's Signature: stered Agent. You must designate an individual
Parkland FI 330  ELE III - Registered mited Liability Combusiness entity with	Agent, Registered Office, & R pany cannot serve as its own Registant an active Florida registration.)	Parkland Fl 33067  egistered Agent's Signature: stered Agent. You must designate an individual
Parkland FI 330  ELE III - Registered mited Liability Combusiness entity with	Agent, Registered Office, & R pany cannot serve as its own Reg an active Florida registration.) reet address of the registered age Deborah Garcia	Parkland Fl 33067  egistered Agent's Signature: stered Agent. You must designate an individual
Parkland FI 330  ELE III - Registered mited Liability Combusiness entity with	Agent, Registered Office, & R pany cannot serve as its own Reg i an active Florida registration.) reet address of the registered age  Deborah Garcia	Parkland Fl 33067  egistered Agent's Signature: stered Agent. You must designate an individual at are:
Parkland FI 330  ELE III - Registered mited Liability Combusiness entity with	Agent, Registered Office, & R pany cannot serve as its own Reg an active Florida registration.) reet address of the registered age  Deborah Garcia  Na 7120 NW 87 Ave	Parkland Fl 33067  egistered Agent's Signature: stered Agent. You must designate an individual at are:

Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Deborah Garcia
	7120 NW 87 Ave
	Parkland FI 33067
MGR	Ernie Bugarin
<del></del>	7120 NW 87 Ave
	Parkland FI 33067
****	
(If an effective date is listed, the date must be the date of filing.)	ate of filing: 09/17/2015 (OPTIONAL)  specific and cannot be more than five business days prior to or 90 days after  of meet the applicable statutory filing requirements, this date will not be listed as an of State's records.
ARTICLE VI: Other provisions, if any.	· · · ·
This document is exe I am aware that any fa	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
Deborah Garci	ia

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)