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(Re	equestor's Name)	
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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OCT 2 6 2015

T. SCOTT



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10/19/15--01049--016 **125.00

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: T. MARIN HARVES Name of Limited Liability	sting, LLC Company
The enclosed Articles of Organization and fee(s) are submitted for	filing.
Please return all correspondence concerning this matter to the follow	owing:
Tomas Marin)
Name of Fer	son
Firm/Compa	any
2350 CORDOVA	Koad
Address	
Avm Park. Fi	3387,5
City/State and Z CECINCIAN STATE COMPANY E-mail address: (to be used for future annuments)	argemail com
For further information concerning this matter, please call:	
Cheisty Crus at (863) Name of Person Area Code	453-5935 Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certified (Siling Fee & Siling Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Str	eet Address
	w Filing Section vision of Corporations
	fton Building
Tallahassee, FL 32314 266	51 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
T. MARIN	Harvesting, LLC
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:

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

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

another business entity with an active Florida registration.)

ARTICLE 1 - Name:

Tomas Makin

Name

2350 Cordova Rd.

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

AMN PALK R

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..

Toxias Klasin Registered Agent's Signature (REQUIRED)

(CONTINUED)

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	Name and Address:
AMBR" = Authorized Member MGR" = Manager	T No 43
MGR_	17MAS MARIN 2350 UNCOWA Rd.
	AVM Park 6 33825
V: Effective date, if other than the date of tive date is listed, the date must be specifiling.)	filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 of the applicable statutory filing requirements, this date will not be
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