

L15000210292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 DEC 15 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 22 2015

D CUSHING

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nelson Family Farm, 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:

David C. Nelson

Name of Person

550 Westmount Lane

Venice, FL 34293

Address

dnelson1632@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David C Nelson

at ( 217 )

254-5651

Name of Person

Area Code

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

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2015

DAVID C NELSON  
550 WESTMOUNT LANE  
VENICE, FL 34293

SUBJECT: NELSON FAMILY FARM, LLC  
Ref. Number: W15000078595

We have received your document for NELSON FAMILY FARM, LLC and your check(s) totaling \$160.00. 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 because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return 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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 515A00025490

RECEIVED  
15 DEC 15 AM 9:49

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DD & MM Family Farm, 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:

David C Nelson

Mailing Address:

550 Westmount Lane  
Venice, FL 34293

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:

David C Nelson

Name

550 Westmount Lane

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

Venice, FL 34293

City

State

Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 DEC 15 PM 2:53

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*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)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

David C. Nelson, Mgr

550 Westmount Lane  
Venice, FL 34293

Douglas E. Nelson; AMBR

3132 Campfire Dr  
Lawrence, KS 66049

Marla J. Smith, AMBR

8328 Adelio Lane  
Fort Myers, FL 33912

Mala J. Barnes, AMBR

6327 NW 82nd Court  
Kansas City, MO 64151

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: October 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.*

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

David C. Nelson

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)

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15 DEC 15 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA