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June 30, 2016

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: New Filing Section

Re: Articles of Organization for Lazy W. Farm, LLC

Dear Sir or Madam:

Enclosed please find the following:

- 1) Cover Letter to Registration Section;
- 2) Articles of Organization for Florida Limited Liability Company; and
- 3) Check number 3215 in the amount of \$125.00 for the filing fee.

Should you have any questions or require additional information, please do not hesitate to contact me.

Very truly yours,

Cherylann Patterson

Cherylann Patterson, AS, FRP
With a Degree in Paralegal Studies to
Bruce W. Robinson

CP/

Enclosures: as stated.

cc: Clifton O. Ward, Jr.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAZY W. 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:

CLIFTON O. WARD, JR.

Name of Person

LAZY W. FARM, LLC.

Firm/Company

2454 SW COUNTY ROAD 349

Address

LAKE CITY, FL 32024

City/State and Zip Code

cliftonward@rocketmail.com

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

For further information concerning this matter, please call:

CLIFTON O. WARD, JR.

386

397-3231

at ()

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUL -5 PM 4:19

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAZY W. 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:

Mailing Address:

2454 SW COUNTY ROAD 349
LAKE CITY, FL 32024

2454 SW COUNTY ROAD 349
LAKE CITY, FL 32024

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:

CLIFTON O. WARD, JR.

Name

2454 SW COUNTY ROAD 349

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

LAKE CITY

FL

32024

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)

Page 1 of 2

2016 JUL -5 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Clifton O. Ward, Jr.

Name and Address:

Title: MGR

2454 SW County Road 349

Lake City, FL 32024

Jeannette B. Ward

Title: AMBR

2454 SW County Road 349

Lake City, FL 32024

Steven M. Ward

Title: AMBR

2454 SW County Road 349

Lake City, FL 32024

(Use attachment if necessary)

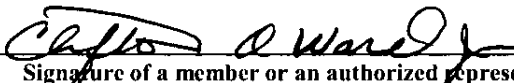
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Clifton O. Ward Jr

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)