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FILED  
2016 OCT 17 AM 8:57  
TALLAHASSEE, FLORIDA

V HERRING  
OCT 24 2016

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Northern Exposure Marketing 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:

Jenny Fackender

Name of Person

Northern Exposure Marketing LLC

Firm/Company

P.O. Box 229

Address

Babson Park, FL 33827

City/State and Zip Code

jennyf@primefoodbrokers.com

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

For further information concerning this matter, please call:

Jenny Fackender

at ( 863 )

241-5981

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Northern Exposure Marketing, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

955 Thornburg Rd.  
Babson Park, FL 33827

P.O. Box 229  
Babson Park, FL 33827

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:

Jenny Fackender  
Name

955 Thornburg Rd., Babson Park, FL 33827  
Florida street address (P.O. Box **NOT** acceptable)

Babson Park, FL 33827  
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.

Jenny Fackender

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

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**Title:**  
"AMBR" = Authorized Member  
"MGR" = Manager

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGR

Jenny Fackender

955 Thornburg Rd.

Babson Park FL 33827

MGR

Don Haines

4214 Barrett Ave.

Haines City, FL 33846

Plant

(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:**

Jenny Fackender

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.

Jenny Fackender

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)