

L16000201023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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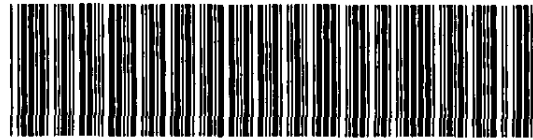
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
FEB 10 2017

11/03/16

Deborah Barger
4365 S. US Highway 1
Rockledge, FL 32955
(321)482-8644

October 27, 2016

To: Octavia I Simmons
Ref: Letter number 416A00022107

After reviewing your letter, I determined it would be better to register a new Articles of Organization for Florida Limited Liability Company.

I have completed and enclosed the new application for Articles of Organization for Florida Limited Liability Company.

In reference to the letter 416A00022107, the check I submitted for \$30.00 for the Amendment of Ref. Number L14000152403 Organic Olive Company Limited Liability Company, filed a Voluntarily Dissolution. Please refund the \$30.00.

I have enclosed the filing fee for the new Articles of Organization for Florida Limited Liability Company, Organic Olive Farm, LLC.

Please feel free to contact me with any further questions at 321-482-8644.

Sincerely,

A handwritten signature in black ink, appearing to read 'Deborah Barger', with a stylized flourish at the end.

Deborah Barger

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORGANIC OLIVE FARM
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:

Deborah BARGER
Name of Person

Firm/Company

4365 S. US Highway 1
Address

Rockledge, FL 32955
City/State and Zip Code

organicolivefarm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Barger at (321) 482-8644
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:

ORGANIC OLIVE 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:

245 Gus Hipp Blvd
Suite 300
Rockledge, FL 32955

Mailing Address:

245 Gus Hipp Blvd
Suite 300
Rockledge, FL 32955

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:

Deborah Barger
Name

4365 S. US Highway 1
Florida street address (P.O. Box **NOT** acceptable)
Rockledge FL 32955
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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Deborah Barger
4365 S. US Highway 1
Rockledge, FL 32955

MGR

(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.

Deborah Barger
Typed or printed name of signer

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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