

L14 000 206093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

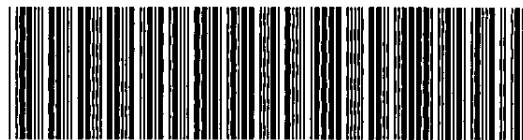
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000290835730

11/07/16--01030--013 **130.00

2016 NOV -7 PM 12:40
MASS REGISTRY

N. SAMS

NOV 10 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pennvan Foods, 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:

Michael F. Lewis

Name of Person

ILD Corp

Firm/Company

5000 Sawgrass Village Circle, Suite #1

Address

Ponte Verda Beach, FL 32082

City/State and Zip Code

mike.lewis@ildmail.com

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

For further information concerning this matter, please call:

Michael Lewis at (904) 273-2440

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

MICKES
O'TOOLE, LLC
ATTORNEYS AT LAW

Erin P. Connelly, J.D.
econnelly@mickesotoole.com
555 Maryville University Dr., Suite 240 St. Louis, MO 63141
Tel 314.878.5600
www.mickesotoole.com

November 2, 2016

Florida Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2016 NOV - 7 PM 12:40
TALLAHASSEE, FL

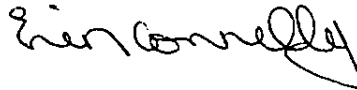
RE: Pennvan Foods, LLC

Dear Sir or Madam:

Enclosed please find the original Articles of Organization for the above-referenced company to be filed with the Secretary of State's Office. We have also enclosed a check in the amount of \$130.00 made payable to Florida Department of State for the filing fee and the Certificate of Status for the above referenced company. Please return the *Certificate of Status* to our office in the enclosed pre-paid envelope herein.

If you have any questions, please contact our office at your earliest convenience.

Very truly yours,



Erin P. Connelly, J.D.
Paralegal

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pennvan Foods, 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:

5000 Sawgrass Village Circle, Suite #1
Ponte Vedra Beach, FL 32082

Mailing Address:

5000 Sawgrass Village Circle, Suite #1
Ponte Vedra Beach, FL 32082

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:

Michael F. Lewis

Name

5000 Sawgrass Village Circle, Suite #1

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

<u>Ponte Vedra Beach</u>	<u>Florida</u>	<u>32082</u>
City	State	Zip

2016 NOV -7 PM 12:40
TALLAHASSEE, FL 32309

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.

Michael F. Lewis

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

MGR

Name and Address:

Michael F. Lewis

5000 Sawgrass Village Circle, Suite #1

Ponte Vedra Beach, FL 32082

MGR

Frederick W. Lloyd

5000 Sawgrass Village Circle, Suite #1

Ponte Vedra Beach, FL 32082

(Use attachment if necessary)

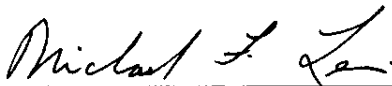
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Michael F. Lewis

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)

2016 NOV -7 PM 12:40
ALLAHABAD, INDIA
RECEIVED