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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TIMOTHY G. HAYES AND ASSOCIATES, P.A.
Attorneys at Law

Lakeview Professional Center
21859 State Road 54, Suite 200
Lutz, Florida 33549

TIMOTHY G. HAYES
Telephone (813) 949-6525 • Fax (813) 949-6433
e-mail: tghayes@mindspring.com

June 8, 2017

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: MAMA-DEW FARMS, LLC
GUDE GROVES & FARM CARE, LLC

Dear Sir or Madam:

Enclosed for filing please find the original and one copy of the Articles of Organization for the above limited liability companies, along with a check in the amount \$250.00 for the filing fee and Designation of Registered Agent.

Sincerely yours,



DEBRAH MAYWORTH
Legal Assistant
HAYES & ASSOCIATES, P.A.
21859 State Road 54, Suite 200
Lutz, Florida 33549
(813) 949-6525

/dm
Encls.

ARTICLES OF ORGANIZATION

OF

MAMA-DEW FARMS, LLC

ARTICLE I -- NAME

The name of the Limited Liability Company is: MAMA-DEW FARMS, LLC

ARTICLE II -- ADDRESS

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

Principal Office Address:

1196 N.E. 98th St.
Miami Shores, FL 33138

Mailing Address:

1196 N.E. 98th St.
Miami Shores, FL 33138


ARTICLE III -- REGISTERED AGENT, REGISTERED OFFICE
AND 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 Florida street address of the registered agent are:

NANCY GUDE PUMO
1196 N.E. 98th St.
Miami Shores, FL 33138

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, Florida Statutes.



Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

ARTICLE IV -- MANAGEMENT

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:

MGR

Nancy Gude Pumo
1196 N.E. 98th St.
Miami Shores, FL 33138

ARTICLE V – EFFECTIVE DATE

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.)

ARTICLE VI – OTHER PROVISIONS

Other provisions, if any.

REQUIRED SIGNATURE:

Nancy Gude Pumo
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.)

NANCY GUDE PUMO

Typed or printed name of signee

6-7-17

DATE

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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17 JUN 12 AM 9:05
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TALLAHASSEE, FLORIDA