

L17000127626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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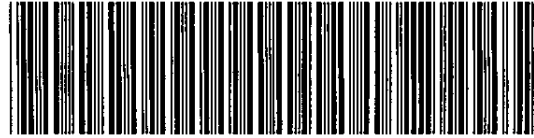
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
17 JUN 12 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**OF**  
**GUDE GROVES & FARM CARE, LLC**

**ARTICLE I -- NAME**

The name of the Limited Liability Company is: GUDE GROVES & FARM CARE, LLC

**ARTICLE II -- ADDRESS**

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

Principal Office Address:

18703 Yocam Ave.  
Lutz, FL 33549

Mailing Address:

18703 Yocam Ave.  
Lutz, FL 33549

**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 and individual or another business entity with an active Florida registration.)

The name and Florida street address of the registered agent are:

Bennet J. Pumo, Jr.  
18703 Yocam Ave.  
Lutz, FL 33549

*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:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Bennet J. Pumo, Jr.  
18703 Yocam Ave.  
Lutz, FL 33549

#### 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:**

  
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.)

Bennet J. Pumo, Jr.  
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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