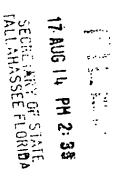
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Special Instructions to	Filing Officer:	

Office Use Only



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August 1, 2017

CAROL AND DAVE ETSCOVITZ 10567 BRENDLE ROAD MYAKKA CITY, FL 34251-9435

SUBJECT: LITTLE FLOCKERS FARM LLC

Ref. Number: W17000062767

We have received your document for LITTLE FLOCKERS FARM LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Only (1) person can serv as the Registered Agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 317A00015493

Neysa Culligan Regulatory Specialist II

	co	VER LETTER	
	ation Section of Corporations		
SUBJECT: <u>Li</u> tt	le Flockers Farm LLC Name of Lin	nited Liability Company	
The enclosed Art	icles of Organization and fee(s) ar	e submitted for filing.	
Please return all o	correspondence concerning this ma	atter to the following:	
Caro	ol and Dave Etscovitz	Name of Person	
<u>Little</u>	Flockers Farm LLC	Firm/Company	
<u>1056</u>	67 Brendle Rd	Address	
<u>М</u> уа.	kka City, FL 34251-9435 C	ity/State and Zip Code	
carolsgroor	ning0813@yahoo.com E-mail address: (to be used	d for future annual report notifica	tion)
For further inform	nation concerning this matter, plea	ase call:	
Carol and Dave	Etscovitz at (<u> </u>	5 6 ephone Number
Enclosed is a che	ck for the following amount:		
☑ \$125.00 Filing F	ee \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	□\$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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addi Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

Tallahassee, FL 32301



August 1, 2017

CAROL AND DAVE ETSCOVITZ 10567 BRENDLE ROAD MYAKKA CITY, FL 34251-9435

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Neysa Culligan Regulatory Specialist II

Letter Number: 317A00015493



* AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADDICE D. I. Nome.	
ARTICLE I - Name: The name of the Limited Liability Company is:	
,,	
Little Flockers Farm LLC	
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")
ADTICLE II. Address.	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10567 Brendle Rd	10567 Brendle Rd
Myakka City, FL 34251-9435	Myakka City, FL 34251-9435
ARTICLE III - Registered Agent, Registered Office, &	
(The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	
another cosmess entry with an active Florida registration.)
The name and the Florida street address of the registered a	gent are:
Carol and Etscovitz	=1
Name	ALLI
10567 Proodle Dd	AUG CAL: LAH:
10567 Brendle Rd Florida street address (P.O. Box P	
	— SEST ★ :
Myakka City	FL 34251-9435
City	Zip Co. S. T.
Having been named as registered agent and to accept serv	ice of process for the above stated limite Habiles compan
	he appointment as registered agent and agree to act in this
	all statutes relating to the proper and complete performan pations of my position as registered agent as provided for it
	r 605, F.S
·	
Card Etherity	Le Got
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Occal conference for
MGR	Carol and Etscovitz 10567 Brendle Rd
	Myakka City, FL 34251-9435
	111 July 10 10 10 10 10 10 10 10 10 10 10 10 10
Am BR	Dave Etscov. +2
	10569 Brend 1: Rd Mygicks C. ig FL 34251-9435
	1745 CKS C. Ky FL 34851-9435
(Use attachment if necessary)	
E V: Effective date, if other than the datective date is listed, the date must be s	te of filing:
E V: Effective date, if other than the datective date is listed, the date must be so filling.)	
E V: Effective date, if other than the date ective date is listed, the date must be so filling.)	
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E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Carl Florar Signature of a m (In accordance with section 6 constitutes an affirmation und	pecific and cannot be more than five business days prior to or 90 d pember or an authorized representative of a member of 505.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date ective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (In accordance with section 6 constitutes an affirmation und I am aware that any false info	pecific and cannot be more than five business days prior to or 90 d pember or an authorized representative of a member of 505.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are fine formation submitted in a document to the Department of Singless.
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