

L11000233775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

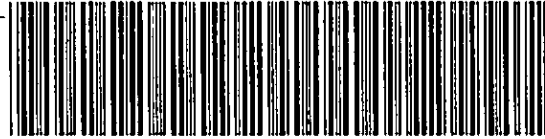
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900304135969

10/04/17--01015--020 **160.00

17 NOV 14 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N CULLIGAN

NOV-14 2017

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: CERES, 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:

CARLOS BERNHARDT

Name of Person

N/A

Firm/Company

7009 E COUNTRY HIGHLANDS DR.

Address

FLORAL CITY, FL 34436

City/State and Zip Code

dan@protechinternational.net

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

For further information concerning this matter, please call:

DAN POIRIER

843

276-5300

at (_____) _____

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



RECEIVED

17 NOV 14 AM 9:51

FLORIDA DEPARTMENT OF STATE

Division of Corporations

RECEIVED
INVESTMENT SERVICES
DIVISION

November 1, 2017

CARLOS BERNHARDT
7009 E COUNTRY HIGHLANDS DR
FLORAL CITY, FL 34436

SUBJECT: CERES USA, LLC
Ref. Number: W17000079655

We have received your document for CERES USA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 217A00020265

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CERES USA, LLC

(Must contain 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:

7009 E COUNTRY HIGHLANDS DR.
FLORAL CITY, FL 34436

Mailing Address:

7009 E COUNTRY HIGHLANDS DR.
FLORAL CITY, FL 34436

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:

CARLOS BERNHARDT

Name

7009 E COUNTRY HIGHLANDS DR.

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

FLORAL CITY

FL

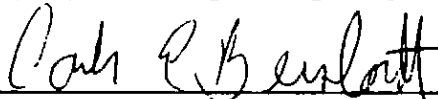
34436

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 NOV 14 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

Name and Address:

CARLOS BERNHARDT

7009 COUNTRY HIGHLANDS DR

FLORAL CITY, FL 34436

IAN STRUGGLES

1734 LINDEN LAKE RD

FORT COLLINS, CO 80524

ANTONIO BLANCO

GRANADILLA DE CURRIDABAT, 2 KM

NORTE DE LA FINCA FIGUERAS,

URBANIZACION PURUSES

COSTA RICA

(Use attachment if necessary)

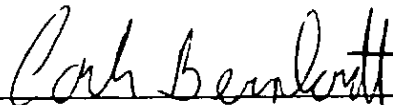
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

CARLOS BERNHARDT

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)

17 NOV 14 PM 4:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA