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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Narr	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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TO:	New Filing Section Division of Corporations		
CHDICA	Mary's Picking Produce, LLC.		i
SUBJE		Liability Company	
	closed Articles of Organization and fee(s) are sub-	_	
Please re	return all correspondence concerning this matter to	o the following:	
	Mary E Lee-Smith		1
	Na	me of Person	
			1
	Fi	rm/Company	
	4606 NW 45th Ave		
		Address	
	Bell, Florida 32619		1
	City/St Maryspickingproduce@gmail.com	ate and Zip Code	
	E-mail address: (to be used for fi	uture annual report notifica	ition)
For furthe	her information concerning this matter, please call:		
	Mary E Lee-Smith 501	215-9582	
	Name of Person Area C	ode Daytime Telepho	ne Number
Enclose	sed is a check for the following amount:		
]\$ 125.00	Certificate of Status	\$155.00 Filing Fee & Certified Copy ditional 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 Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Mary's Picking Pro	duce, LLC.			
(Must co	ntain the words "Limited	Liability Company, "I	L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street	address of the principal o	office of the Limited L	iability Company is:	
<u>Princi</u>	pal Office Address:		Mailing Addres	<u>s</u> :
4606 NW 45th Ave	:	4606 1	VW 45th Ave	
Bell, FL 32619		Bell, I	L 32619	
ARTICLE III - Registered A The Limited Liability Compa	y cannot serve as its own	& Registered Agent Registered Agent. Yo	's Signature:	'idual or
ARTICLE III - Registered A The Limited Liability Companionother business entity with an	ny cannot serve as its own a active Florida registration	& Registered Agent Registered Agent. Youn.)	's Signature:	vidual or
ARTICLE III - Registered A The Limited Liability Companion ther business entity with an	ny cannot serve as its own a active Florida registration at address of the registered	& Registered Agent Registered Agent. Youn.)	's Signature:	18 JAN
ARTICLE III - Registered A (The Limited Liability Comparamother business entity with an	ny cannot serve as its own a active Florida registration at address of the registered	& Registered Agent Registered Agent. Yound	's Signature:	18 JAN -8 PH
Bell, FL 32619 ARTICLE III - Registered A (The Limited Liability Comparamother business entity with an	ny cannot serve as its own a active Florida registration address of the registered Mary E Lee-Smith	& Registered Agent Registered Agent. Yound	's Signature: ou must designate an indiv	18 JAN -8 PH
ARTICLE III - Registered A (The Limited Liability Comparanother business entity with an	ny cannot serve as its own a active Florida registration address of the registered Mary E Lee-Smith	& Registered Agent Registered Agent. You on.) dagent are: Name	's Signature: ou must designate an indiv	18 JAN -8

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)

Title:	Name and Address:	1	
"AMBR" = Authorized Membe	er e e e e e e e e e e e e e e e e e e		
"MGR" = Manager	Mary E Lee-Smith		
MGR	4606 NW 45th Ave		
	Bell, FL 32619	-,	
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