

L19000096388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

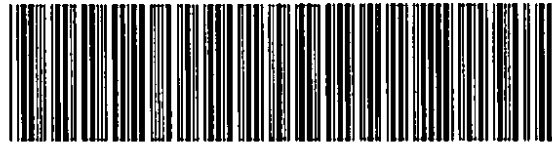
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COVER LETTER

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

SUBJECT: Tree of Life SowRight Enterprise, L.L.C.

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:

Jennifer Ruth Cooper

Name of Person

Tree of Life SowRight Enterprises, L.L.C.

Firm/Company

P.O. Box 2283

Address

Apopka, FL 32704

City/State and Zip Code

Jennicoop@embarqmail.com

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

For further information concerning this matter, please call:

Jennifer Ruth Cooper 407 421-0158

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 ☐ \$160.00 Filing Fee,
(additional copy is enclosed) 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tree of Life SowRight Enterprise, L.L.C.

(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:

830 Schopke Lester Road

Apopka, FL 32712

Mailing Address:

P.O. Box 2283

Apopka, FL 32704

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:

Jennifer Ruth Cooper

Name

830 Schopke Lester Road

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

Apopka

Florida

32712

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)

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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

Manager

Name and Address:

Jennifer Ruth Cooper

830 Schopke Lester Road

Apopka, FL 32712

(Use attachment if necessary)

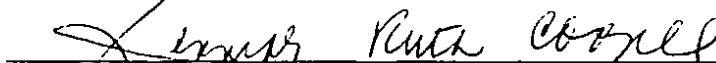
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 605.020 (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.

Jennifer Ruth Cooper

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)

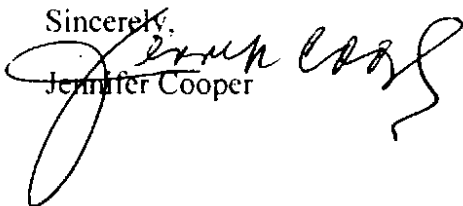
Jennifer Cooper
830 Schopke Road
Apopka, Florida 32712

April 2, 2019

To Whom It May Concern:

This letter is to inform you of my interest to pursue a Florida Limited Liability Company named Tree of Life SowRight Enterprise. Enclosed is the form and the filing fee of \$155.00. For questions, I can be reached at 407-421-0158 or mailing address P.O. Box 2283, Apopka, FL 32704. Thank you for your assistance with processing this request.

Sincerely,


Jennifer Cooper