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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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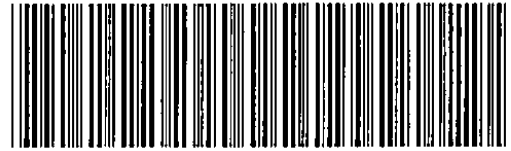
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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19 OCT -4

2019 OCT -4 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 07 2019

Blumpley

Nelson Mullins Broad and Cassel  
Requester's Name

Address

City/State/Zip

Phone #

681-6810

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. ELPESCO Farm LLC

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

☒ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☒ Limited Liability

☐ Domestication

☐ Other

**AMENDMENTS**

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

**Examiner's Initials**

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: FLPESCO FARM 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:

Bruce I. Wiener

Name of Person

Nelson Mullins Broad and Cassel

Firm/Company

215 S Monroe Street, Suite 400

Address

Tallahassee, FL 32301

City/State and Zip Code

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

For further information concerning this matter, please call:

Bruce I. Wiener

850

681-6810

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

**ARTICLES OF ORGANIZATION  
OF  
FLPESCO FARM LLC**

The undersigned hereby subscribes to, acknowledges, and files the following Article Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of the limited liability company is FLPESCO Farm LLC (the "*Company*").

**ARTICLE II**

The principal office and mailing address of the Company is 116 NW 16<sup>th</sup> Avenue, Gainesville, Florida 32601.

**ARTICLE III**

The Company may engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV**

The name and address of the Company's registered agent in the State of Florida is Demp. R. Sapp, Jr., 116 NW 16<sup>th</sup> Avenue, Gainesville, Florida 32601.

**ARTICLE V**

The Company shall be manager-managed.

**ARTICLE VI**

The Company shall have perpetual existence.

**ARTICLE VII**


These Articles of Organization shall be effective upon filing with the Florida Department of State, Division of Corporations.

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2012-01-24 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

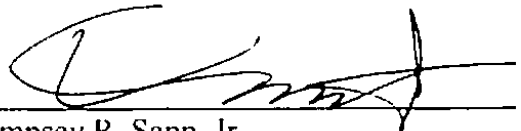
\* \* \*

**IN WITNESS WHEREOF**, the undersigned authorized representative has executed the  
Articles of Organization of the Company on this 02 day of Oct., 2019.

  
\_\_\_\_\_  
Dempsey R. Sapp, Jr., Manager

**ACCEPTANCE OF APPOINTMENT  
OF  
REGISTERED AGENT  
OF  
FLPESCO FARM LLC**

I hereby accept the appointment as registered agent contained in the foregoing Articles Organization and state that I am familiar with and accept the obligations of Section 605.0113 the Florida Revised Limited Liability Company Act.



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Dempsey R. Sapp, Jr.