L19000304916

(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



300338332673

12/23/19--01001--012 **160.00

2019 DEC 23 PH 12: 37

19 DEC 23 KH 12: 1

COVER LETTER

New Filing Section
Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Black Hog Organic 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:
Sharon Watkins
Name of Person
Firm/Company
310 Eact River Rd
310 East River Rd
East Palatka, FL 32131 City/State and Zip Code SW87642@gmail.Com E-mail address: (to be used for future annual report notification)
City/State and Zip Code
5W87642@gmail.com
For further information concerning this matter, please call:
Sharon Watkins at (904) 484-6931 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□S125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	.F.	۱ -	. N	a me	

The name of the Limited Liability Company is:

Black Hog Organic Farm LLC

(Must conatin 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:	Mailing Address:		
310 East River Rd East Palatka, FL 32131	310 East River Rd East Palatka, FL 3213		

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:

Sharon W	•		A.S.	2019
	Name		CRE All	99gg 7
1401 Riverp Florida street address	P.O. Box NOT a	occeptable)	(2) 3.5	£ 23
Jacksonvill		<u>3</u> 2207		P III
City	State	Zip	÷	ة ك

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)

ART	101	E.	137
AKI	. IC.I	æ.	IV-

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

	_	, , ,
<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member	TIME RIM THAT ESS.	
"MGR" = Manager		
MGR	Sharon Watkins	
	310 Eust RIVER Rd	
	Fast Palatka, FL 3213	
AA C Q	1	201 St
MGR	Paul Watkins	— ¥: 609
	310 East River Rd	<u></u>
	East Palatka, FL 3213	
	·	23 SSF SSF
		<u>`</u> ≂_O
		<u>π</u> . ω
		. 7
		
(Use attachment if necessary)		
	101.01.0	
ARTICLE V: Effective date, if other than the date	of filing: 12 19 19 19	. (OPTIONAL)
If an effective date is listed, the date must be sp	ecific and cannot be more than five business	days prior to or 90 days after
ne date of ming.)		
Note: If the date inserted in this block does not the document's effective date on the Department	meet the applicable statutory filing requiremen	nts, this date will not be listed a
ne document s effective date on the Department	of State's records.	
RTICLE VI: Other provisions, if any.		
DECLUBED CLON - THOS		
REOUIRED SIGNATURE:	11 -	
TUM .	it	
	ember or an authorized representative of a	mamhar
This document is execu	ted in accordance with section 605.0203 (1) (b)). Florida Statutes.
I non assessed that make Calan		-/,

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.

Sharon Watkins
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)