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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: <u>Viridis Farms LLC</u> Name of L	imited Liability Company	
The enclosed Articles of Organization and fee(s)	are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Rachel L. Symons	Name of Person	
Clayton H. Blanchard, Jr., P.A.	Firm/Company	
35 E. Pinehurst Blvd.		
	Address	
Eustis, Florida 32726	City/State and Zip Code	
	,	
E-mail address: (to be us	sed for future annual report notification	ation)
For further information concerning this matter, pl	ease call:	
Rachel Symons at ((352) 589-1919 x4	
Name of Person		lephone Number
Enclosed is a check for the following amount:		
✓ \$125.00 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 Registration Section Division of Corporations	Street/Courier Add Registration Section Division of Corpora	

P.O. Box 6327 Tallahassee, FL 32314

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:	
Viridis Farms LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	fice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
23628 County Road 44A Eustis Florida 32736	P.O. Box 114 Sorrento, Florida 32776
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Karen L. Glass Name	Registered Agent. You must designate an individual or)
23628 County Road 44A Florida street address (P.O. Box 1	NOT acceptable)
Eustis	FL 32736
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the oblig	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

(CONTINUED)

Page 1 of 2

it <u>le:</u>	Name and Address:
MBR" = Authorized Member	
JGR" = Manager	
MGR	Karen L. Glass
	P.O. Box 326
	Sorrento, Florida 32776
	Solicito, Florida 32170
	·
	
	
V: Effective date, if other than the	date of filing:
V: Effective date, if other than the cive date is listed, the date must be filing.)	date of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 9
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