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SECRETARY OF STATE

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# COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: TUENGUEST FALUS 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:
Tiffany S. Turngueson
Turiquest Farms, LLC Firm/Company
3517 D. Rocal
Address
Loxahatchec FL 33470  City/State and Zip Code  Tiffairy Turnquest 3 (2) Mail . (CM)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee  □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate of Status

Mailing Address
New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2020 APR 16 AMII: 50

SECRETARY OF STATE TALLAHASSEE, FL

(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:

þ	rin	icit	nal	Offic	ce A	ddress:

UFST FORMS

Texabetchee F1 33470

Mailing Address:

13517 (1) Kead Loxabotcher FL 33-170

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:

Name

Florida etrant addrace (P.O. Roy NOT accortable)

Lovels tcher El

City

State

Zin

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..

Régistered Agent's Signature (REQUIRED)

(CONTINUED)

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager  MGR	Roland Jothro Twoquest 3517.D. Rosal Loxaboldra FL 33470	
MGRZ	Tiffain 5 Turviuest  3517 D. Road  Lexishaticher FL 33470	
	APR 16 AN	
(Use attachment if necessary)	AN II: 50 SSEE, FL	
ARTICLE V: Effective date, if other than the dat If an effective date is listed, the date must be sphe date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed	
ARTICLE VI: Other provisions, if any.		
This document is executed any false	nember or an authorized representative of a member.  uted in accordance with section 605.0203 (1) (b). Florida Statutes.  se information submitted in a document to the Department of State ee felony as provided for in s.817.155. F.S.	

# 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)