

6/19/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
ST. JOHNS SOD FARM, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2020 JUN 22 AM 8:45

2020 JUN 22 PM 4:31
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ST. JOHNS SOD FARM, LLC

(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:10559 Citation Drive, Suite 204Brighton, Michigan 48116Mailing Address:10559 Citation Drive, Suite 204Brighton, Michigan 48116

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:

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box NOT acceptable)PlantationFlorida33324

City

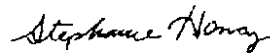
State

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..

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By:



Registered Agent's Signature (REQUIRED)

Stephanie Hencz Assistant Secretary

(CONTINUED)

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

"MGR" = Manager

AMBR

Name and Address:

Willigen Edwin Small
10559 Citation Drive, Suite 204
Brighton, MI 48116

AMBR

Kimberly McGlothlin
10559 Citation Drive, Suite 204
Brighton, MI 48116

(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.

The Company shall be managed by one or more Managers

REQUIRED SIGNATURE

NATURE: Bruce A. Margulis

Captain William Bruce A. Margul
DN: Bruce A. Margul, o=St. Sanster V, ou=FL, ou=emul-bro, ou=gul, ou=stsanster co, ou=US
Date: 2020.06.19 13:24:07 (UTC)

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (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 § 817.155, F.S.

Bruce A. Margulis, Authorized Representative

Typed or printed name of signer

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)	

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