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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

•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.
VARNER CITRUS, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VARNER CITRUS, 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:30505 Turtle Dove Lane
Punta Gorda, Florida 33982Mailing Address:1114 FM 27
Wortham, Texas 76693

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:

Glenn N. Siegel, P.A.

Name

17825 Murdock Circle, Suite AFlorida street address (P.O. Box **NOT** acceptable)

| | | |
|-----------------------|----------------|--------------|
| <u>Port Charlotte</u> | <u>Florida</u> | <u>33948</u> |
| 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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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CALL ASSISTANT

ARTICLE IV-

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

Index

AMBR = Authorized Member

***MGR* - Manager**

Managing Member

Name and Address:

Suevon E. Verner

114 FM 27

Wortham, Texas 76693

Managing Member

Patricia A. Varney

114 FM 27

Worham, Texas 76693

(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.)

Notes: 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.

REQUIRED SIGNATURE:

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 s.817.155, F.S.

STEVEN E. VARNER

Typed or printed name of signer

FD-302a (Rev. 5-22-64)

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5.06 Certificate of Status (Optional)