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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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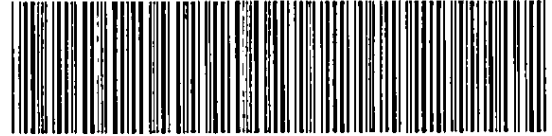
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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125.

**CORPORATE
ACCESS,
INC.**

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PICK UP: 09/09/2020

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** LLC _____

1. **MORNING HOPE FARMS, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

KLEIN & KLEIN, LLC

Attorneys at Law

40 Southeast 11th Avenue

Ocala, Florida 34471

PHONE (352) 732-7750

FAX (352) 732-7754

HARVEY R. KLEIN (1922-2003)
H. RANDOLPH KLEIN
FRED N. ROBERTS, JR.
LAWRENCE C. CALLAWAY, III
AUSTIN T. DAILEY

September 4, 2020

**TO: Registration Section
Division of Corporation**

RE: MORNING HOPE FARMS, LLC

The attached Articles of Incorporation and fees are submitted for filing.

The following is the email address for the Corporation:

Boomer567@aol.com

For further information concerning this matter, please call

Joyce Henry at (352) 732-7750

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

MORNING HOPE FARMS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

4525 NW 90th Avenue
Ocala, FL 34482

Mailing Address:

12790 NW 35th Street
Ocala, FL 34482

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CLOVER LOVELL
12790 NW 35th Street
Ocala, FL 34472

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, Florida Statutes.

DocuSigned by:

Clover Lovell

CLOVER LOVELL

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR"

Clover Lovell
12790 NW 35th Street
Ocala, FL 34482

REQUIRED SIGNATURE:

DocuSigned by:

Clover Lovell

40E0A1C78D3B473

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 in s.817.155, F.S.

CLOVER LOVELL

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FL

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