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# **COVER LETTER**

TO:	New Filing Sec Division of Co								
SUBJE		Ranch, LLC							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~ <u> </u>	Na	me of Lim	ited Liabil	ity Company		_		
The enc	losed Articles of	Organization and	fee(s) are	submitted	for filing.				
Please r	eturn all corresp	ondence concernii	ng this mat	ter to the f	following:				
	Nilus Hanay	valt, CPA							
			<u> </u>	Name of	Person				
	Sandy Stoke	es, PLLC							
		<del></del>		Firm/Co	mpany				
	1035 West I	Dixie Ave							
				Addr	ess				
	Leesburg Fl	., 34748					š. <u>i.</u>	in are:	
	nilushanawal	tcpa@gmail.com	Ci	ty/State an	d Zip Code		- -	6- AON 878	
	-	E-mail address: (te	be used t	for future a	nnual report notificat	ion)			· :·
For furthe	er information co	ncerning this mat	ter. please	call:			φ 2 	<del></del>	
	Nilus Hanaw	alt	352 at (	2	678-6078 _)		-	Ĉi:	
	Nan	ne of Person	Are	ea Code	Daytime Telephon	e Number			
Enclose	d is a check for t	he following amo	unt:						
<b>■</b> \$125	.00 Filing Fee	□\$130.00 Fili Certificate of \$		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.0 Certifica Certified (additional	te of Stat Copy	tus &	
		ng Address			Street Address New Filing Section D	ivision			

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

B2 Fart	n & Ranch, LLC
	(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

# ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

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

Principal Office Address:	Mailing Address:
441 CR 482 N	441 CB 482 N
Lake Panasoffkee, FL 33538	Lake Panasoffkee, FL 33538

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		<u>.</u>
441 CR 482 N			71
Florida street address	(P.O. Box NOT a	cceptable)	
Florida street address Lake Panasoffkee	(P.O. Box <u>NOT</u> a	eceptable) 33538	e e e e e e e e e e e e e e e e e e e

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

# ARTICLE IV-

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		
-	D. dame, A.A. da	
<u>MGRM</u>	Bethany Arleth 441 CR 482 N	
	Lake Panasoffkee. FL 33538	
MGRM	Brian Arleth	
WORW	441 CR 482 N	
	Lake Panasoffkee, FL 33538	
If an effective date is listed, the date must he date of filing.)	be date of filing: Immediate	
ARTICLE VI: Other provisions, if any.		
None	, 19 19	_
	ه. فلن	_
		_•
		-
<u>REOUIRED</u> SIGNATURE:	$\mathcal{C}\Lambda$	-
	B 1	
This document is I am aware that an	executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.	·
<del></del>	BRIAN ARLETH Typed or printed name of signee	
	Typed or printed name of signee	

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)