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11/10/20--01020--026 **160.00

Derick Thompson 1/20/2020

COVER LETTER

Division of Cor			
SUBJECT: <u>Fo</u>	vevev Strop Name of Lin	19 Farms L nited Liability Company	16
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspo	ondence concerning this ma	tter to the following:	
	Jovani 1	Voailes Name of Person	
F	orever Str	ONG Farms Firm/Company	LLC
24	00 Monteg	o Drive	
Mira	mar FL,	33023 ity state and Zip I @ Amail . Lom for future annual report notificati	
/ 0	ailles .jovan	for future annual report notificati	on)
For further information con	ncerning this matter, please	call:	
Jovani Name		254) 864-10 rea Code Daytime Telephone	
enclosed is a check for th	ie following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☑\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing</u>	g Address	Street Address	

New Filing Section 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

ARTICLE II - Address: The mailing address and street	address of the principal office	of the Limited Liability	Company is:	
Principal Office Address:			Mailing Address:	
2400 M Micamar	ontego Dr. FL 33023	2400 Mican	Montego Dr lar, FL 33023	
The Limited Liability Compar nother business entity with a	gent. Registered Office, & Re ny cannot serve as its own Regi n active Florida registration.)	stered Agent. You must	ature: designate an individual or	
The time that the Final Sheet				
	Nar Nar	Noailles		
	2400 Mon Florida street address (P.C	teao Dr		
	Florida street address (P.C). Box <u>NOT</u> acceptable)	
			27 A 4 A	
		FL 3	3023	
	Miraman City		33023 Zip	

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager AMBR (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. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document be 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

Filing Fees:

Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)