

L21000284284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

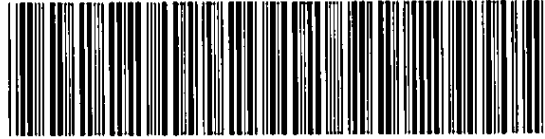
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000368016370

RECEIVED

2021 JUN 17 PM 1:52

2021 JUN 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 6/17/2021

NAME: PARADISE FARM SOUTH, LLC

TYPE OF FILING: ARTICLES

COST: 130.00

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

FILED

2021 JUN 17 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
OF
PARADISE FARM SOUTH, LLC**

ARTICLE I – NAME

The name of the limited liability company is Paradise Farm South, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:
3840 St. Francis Road
St. Augustine, Florida 32092

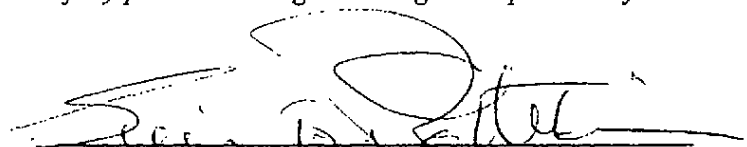
Mailing Address:
3840 St. Francis Road
St. Augustine, Florida 32092

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Simon D. Rothstein
4417 Beach Blvd., Suite 104
Jacksonville, Florida 32207

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.



Simon D. Rothstein

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

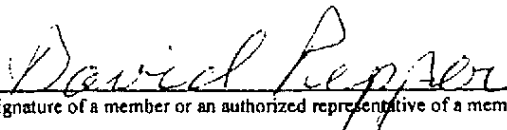
Name and Address:

"MGR" = Manager
"AMBR" = Authorized Member

MBR

David Pepper
3840 St. Francis Road
St. Augustine, Florida 32092

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.

David Pepper


Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY Paradise Farm South, LLC,
SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE
AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is Paradise Farm of St. Augustine,
LLC.
2. The name and the Florida street address of the registered agent and office are:
Simon D. Rothstein
4417 Beach Blvd., Suite 104, Jacksonville, Florida 32207 (Post office box is NOT
acceptable.)

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.


Simon D. Rothstein
Registered Agent

2021 JUN 17 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FL

FILED