(2200) 25663

	(Requestor's Name)	
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	(Business Entity Name)	
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COVER LETTER

The enclosed Articles of			
The enclosed Articles of Please return all corresponding Tales	outh Farms LLC		
Adriana Ta Coleman T	Name of Lim	ited Liability Company	
Adriana Ta Coleman T	of Organization and fee(s) are	submitted for filing.	
Coleman Т	pondence concerning this mat	tter to the following:	
	tum		
		Name of Person	<u> </u>
109 S Ashl	alley LLP		
109 S Ashl		Firm/Company	<u> </u>
	ey Street		
		Address	
Valdosta, (GA 31601		
		ty/State and Zip Code	
adriana.tatur	m@colemantalley.com	-	
	E-mail address: (to be used:	for future annual report notificati	ion)
For further information c	oncerning this matter, please	call:	
Adriana Tal	um 229	9 671-8227	
Na		ea Code Daytime Telephon	e Number
Enclosed is a check for	the 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)

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Street Address
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

The name of the Limited Liability Company is:	
Pines South Farms LLC	
(Must contain the words "Limited Liab	oility Company, "L.L.C" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1 Independant Drive	l Independant Drive
Suite 3130	Suite 3130

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:

ARTICLE 1 - Name:

Suite 3130

Jacksonville, FL 32202

Russell D. Henry		
	Name	
! Independant Drive	, Suite 3130	
Florida street addre	ss (P.O. Box <u>NOT</u> a	cceptable)
Jacksonville	FL	32202
City	State	Zip

Jacksonville, FL 32202

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 providing of all satutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as a gistered agent as provided for in Chapter 605, F.S..

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
	Fred Darkware
MGR	Fred Beshears 52 Nacoosa Road
	Monticello, FL 32344
	
	-
(Use attachment if necessary)	
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E V: Effective date, if other than the date	e of filing: (OP FIONAL)
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of filing.)	meet the applicable statutory filing requirements, this date will no of State's records.
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of filing.) The date inserted in this block does not a ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE Signature 2 at m. This document is executed.	of State's records.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Season (Optional)

\$ 5.00 Certificate of Status (Optional)