

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

U220001130610

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000111366 3)))



H220001113663ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
LOPEZ FARMS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED
2022 MAR 30 AM 8:50
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

Second Request

Electronic Filing Menu Corporate Filing Menu Help

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

LOPEZ FARMS Corp

of Document # P21000059872

WANTS TO FILE "LLC" WITH
SAME NAME

Thank you for your help in this matter.

Thanks,

Rafael LOPEZ
President

DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
TALLAHASSEE, FLORIDA

2021 MAR 30 AM 8:03

FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

LOPEZ FARMS LLC

ARTICLE II - Address:

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

940 N CABBAGE PALM ST CLEWISTON FL 33440

ARTICLE III - Registered Agent, Registered Office:

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

RAFAEL López

940 N CABBAGE PALM ST CLEWISTON FL 33440

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

RAFAEL López AMBR

FILED
2021 MAR 30 AM 8:03
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF S.W. FLA.
TALLAHASSEE, FLORIDA

Required Signatures:**Signature of a member or an authorized representative of a member.**

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

RAFAEL LOPEZ**Typed or printed name of signee**

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..

**Registered Agent's Signature (REQUIRED)****FILED**

2021 MAR 30 AM 8:03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA