

Florida Department of State
Division of Corporations
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To: Division of Corporations
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**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

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

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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 CLEARWATER 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 CLEARWATER 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

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
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 LÓPEZ

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)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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